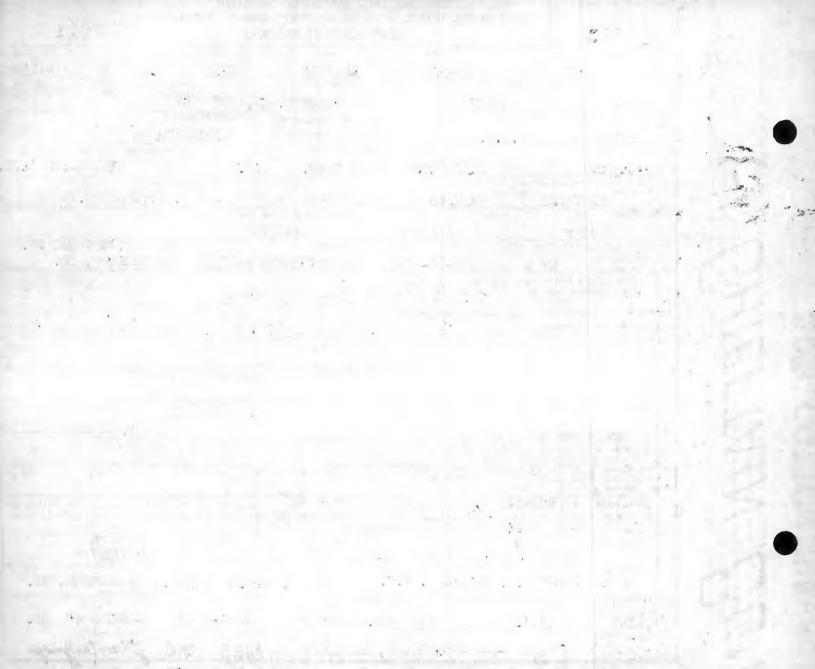


monard Calling of Pales and Indian L. Careston and the second of the second o THE EXAMPLE ASSESSED TO THE PARTY OF attable for the attraction of the state of t PARTIES TO THE PROPERTY OF THE PARTIES OF THE PARTI and the administration of the first some specific the solution of in a little and and a still a far. Bres at end all of the state of the state of the state of the state of All trackers as the secretary of the trackers and the secretary of the sec the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10671 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death. (Type or print) Month JULY 4:15pm JAMES ALLISON 3. SEX 4. RACE 24 hours after S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jost birthday) MALE NOVEMBER 29,1918 WHITE 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [ U.S DIVORCED WASHINGTON paper MICHIGAN lled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) --HAGERSTOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before event 13c. CITY OR TOWN Compa 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YEST NO S. POTOMAC ST. remave burial, cremation, ar remayal, and in any 14. FATHER'S NAME First Lost IS. MOTHER'S MAIDEN NAME First Lost ALLISON HATTIE JOHN physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 227AddressS. POTOMAC ST. Yes, no ar unknown) (If yes give war or dates of service) 376-16-8043 HAGERSTOWN. MD. MRS CATHERINE ALLISON attending permit. The 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY Telastale 1 month IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) signed by the burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. of Health priar ta has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO K YES [ DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 22a. I certify that (I) (This this post of land of the deceased from 6/24/68, 19.

saw the deceased alive on 7/3 0/68 19., and that in (my) (5)(r) a 1/3468 19 \_, and that in (my) (Off) apinian death accurred an the date and haur and fram the be retained ar, page 3 shauld dbe filed with the causes stated abave, (1) [We] (did) (did nat) view the bady after death. 22h SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR 22d. PHYSICIAN'S 22e, ADDRESS TO FUNERAL V.L. CAMPBELL, M.D. NAME (Type) ROBERT 145 W. WASHINGTON ST., HAGERSTOWN, MD. 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 8/2/68 ROSE HILL CEMETERY HAGERSTOWN WASHINGTON MD. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ochonia 1968 HAGERSTOWN. MARYLAND AUG 5 DATE

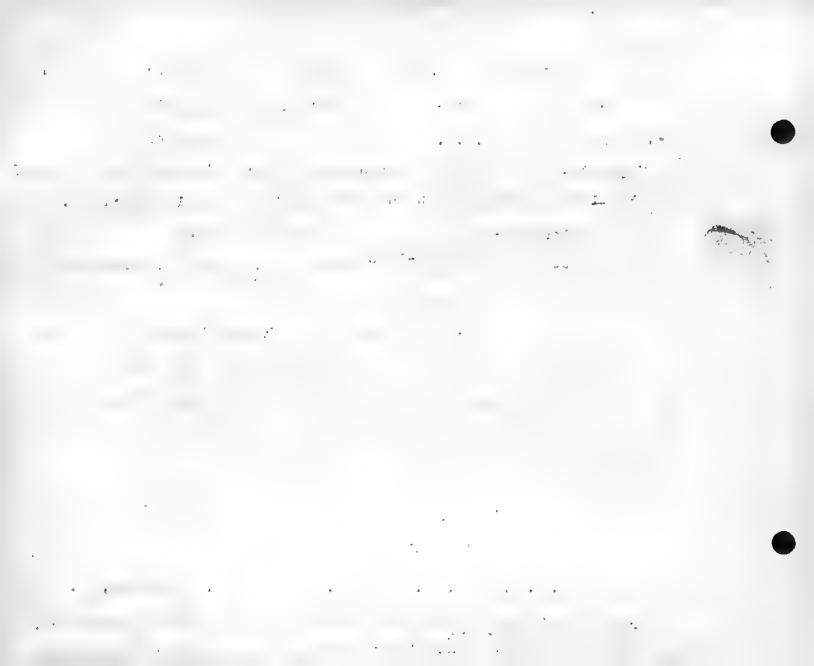


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN 68 (Type or Print) OF ESTI-Poge Emery Bowers Angle 6. AGE (In years last birthday) 4. RACE IF LINDER 24 MRS 3. SEX S. DATE OF BIRTH 2c DATE PRONOLINGED DEAD Year 12/16/16 White YRS 76. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [ DIVORCED Washington IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done in Item 18. Give Pos give street address) Washington Co during most of working life, even if retired.) INDUSTRY pages lond 2 with the Hagerstewn 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN Clear Spring Route ofter 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME Angle Ida Bewers Lawrence 16b. SOCIAL SECURITY NO. pencil 17. INFORMANT ADDRESS (Yes, no, ar unknown) 217-05-5910 Mrs Viela Angle Route 1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Atherematous Occlusion Of Left
PART I. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Coronary. Anterior Descending Branch pending Few DUE TO, OR AS A CONSEQUENCE OF Minutes Conditions, if any, which gave 60ld Extensive Myocardial Infarction Of Interior Recent. rise to immediate couse (a). certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF Septum stoting the underlying couse 6 Superimposed Recent Myocardial Anoxia 2. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, YES NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy x. Inspection . Inquiry ond in my opinion deoth resulted from: Notural couses . Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE July 5, 1968 DEPUTY MEDICAL EXAMINER DIC **EXAMINER'S** NAME (Type) 215 W. Washington of Harry Stown, Md. the 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Washington Co. 25b. REGISTRAR'S SIGNATURE VR A15ME (5)-1968 Ochone 10M REV. 1

The state of the s 64070124104 the court of the second of the from the same of t The W neighbor wellow to Consider, and the Department of the Plants, Calmered freed tollegal to address in all tolly a 200 m. which fathered tries to seed tord MINUTE WALL OF THE PARTY OF THE the continued are college, and a second of the toll an established because the transfer of th A CALL STREET STREET, The Second Street, Second Str

MARYLAND STATE DEPARTMENT OF HEALTH 10665 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Middle Last 2g. DATE OF DEATH DECEASED-NAME and 2 death. within 24 hours after death funeral (Type or print) July 5, 1968 Edwin Austin Ira S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS haurs after 3. SEX 4. RACE last birthday) HORIES white May 23, 1881 male 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (ountry) New York 2 ve carban papers. USA Washington WIDOWED X DIVORCED [ completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR during mast of working life, even if refired.) INDUSTRY Hagerstown Jefferson Blvd. utilit bub. 13c. CITY OR TOWN 13e, STREET AND NUMBER remove car 13o, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? certificate be executed odmissian) STATE 13b. (Washington YES 🗍 2335 Jefferson Blvd. Md. Hagerstown and in any 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Elizabeth Apsey John Austin please 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) ar remaval, Mrs. Grace Ausherman, Hagerstown, none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH requires that the death PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Page 4 may be retained by the haspital or attending detached for use as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIF 19g. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO YES T FUNERAL DIRECTOR: After this certificate 21b. TIME OF INJURY 21c HOW INJURY OCCURRED 21g. ACCIDENT WAS UNDERLYING (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M directar, page 3 shauld be detache should be filed with the State Dept. 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. ] 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at wark 220. I certify that (I) (this haspital) attended the deceased from 7 sow) the deceased olive on 5 19 6, and that in (my) (our) opinion death occurred on the date and hour and from the courses stated above, (i) (we) (did((ald not) yew the body after death. somthe deceased alive on 5 22c. DATE SIGNED STAFF 1968 PHYS. DIRECTOR PHYS. July 22e. ADDRESS PHYSICIAN'S NAME (Type) 1135 Potomac Ave., Hagerstown, Md. 21740 Richard T. Rinford 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 230. BURIAL, CREMATION (County) BANDANH Beets 7-8-68 Fairlawn Cemetery 2 Scio, N. Y. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 250. REC'D BY REGISTRAR Minnich Funeral Home, Hagerstown, Md. Ocharles 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 iv875 CERTIFICATE OF DEATH 1. DECEASED-NAME First M.ddle Last 20 DATE OF DEATH 2b. HOUR (Type or print) BARKDOLL JULY 1968 GLENN MILTON Petely filled in by the fur carbon papers. Pages I ent, within 72 haurs after d 3. SEX IF UNDER I YEAR 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 6. AGE (In years 69 birthday) HOURS Sept. 2 1898 Male White 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a, BIRTHPLACE (State or foreign 8 MARRIED X NEVER MARRIED (ountry) Washington Washington County DIVORCED [ Maryland WIDOWED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USJAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress)
Washington County Hospital during most of working life, even if retired ) INDUSTRY Hagerstown 13a USJAL RES DENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Washington the attending physician and comp sit permit. Then please remore admission) STATE YES TY 224 W. Main St. Sharpsburg burial-transit permit. Then please remoburial, crematian, ar removal, and in any 14. FATHER'S NAME 15. MOTHER S MAIDEN NAME First Earst Middle Last Middle Last Henry Barkdell. Tome ra la 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 224 W. Admisin St. Yes, no, or unknown) (til yes give war or dates of service) 214-09-6895 Barkdall Sharpaburg Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY: BETWEEN DINSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove t rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TIDE CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d INJRY OCCURRED (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City of Tawn County State While Nat while at work 22a I certify that (I) (this haspital) attended the deceased from 7 19 62, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive-on\_ causes stated abaye(N) (we) (did) (did not) view the bady after death 226. SIGNATURE **ATTENDING** STAFF DEGREE · DIRECTOR PHYS PHYSICIAN S 22e. ADDRESS NAME (Type (County) Co. 23c. NAME OF CEMETERY OR CREMATORY 10CATH N (City or Town) 23a BUR AL CREMATION, 23b DATE BLITIE Sharpsburg July 0 Mt. View Cometery 24. FUNERAL D RECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE Williamsport Maryland 1968 30M REV. 1/68



	I	cem 20 Film 403 7-29-68 am MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	
de orth		ECEASED NAME First Middle Lost 20 DATE OF DEATH Month 19 Day 20 ear 68	26 HOJR 3 P N
certificate be executed within 24 haurs after death g physic an and completely filled in by the function please remave carbon papers. Pages i may and in any event, within 72 haurs after a contract of the co	3	9. 29, 1869 last bithday) YRS. MONTHS DAY'S HOU	INDER 24 HRS URS MIN
4 haur I in by ers. F		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH OF WASHINGTON   WIDOWED   DIVORCED	Md
e executed within 24 hand completely filled in remaye carbon papers.	/ 10.	HAGERSTOWN  11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life, even if retired.)  WESTERN MD. STATE HOSPITAL  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  INDUSTRY	NESS OR
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e be exe an and c ase remo		FATHERS NAME First Middle Most IS MOTHER'S MAIDEN, NAME First Middle Lo William L Pervis Emily Harding HARO	ding.
ertificate be physican o ien please aval, and ir	16	(4s, no, or unknown) (If yes give war or dotes of service) 220-28-6601. Herself.	۵
the attendinisit permit.		THE CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) Acute myocardial infarction  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart ciscase  DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart ciscase  (b)  DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis, general  Anknown of the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL BISEASE OR CONDITION GIVEN IN PART 1(a)	
4: The law re ar attending to has been ruse as the salth prior ta	CEPTIFICATION	Osteoarthritis  19a. Date of Operation   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY?   20b. IF YES, WERE F. NO INC. CAUSES OF DEATH?	YING
	MEDICAL CEPTI	21a. ACCIDENT WAS UNDERLYING   OR COMPR.BUTING   CAUSE OF CEATH   HOUR A.M. Month Day Year   19     OR COMPR.BUTING   CAUSE OF CEATH   HOUR A.M. Month Day Year   19     OR COMPR.BUTING   CAUSE OF CEATH   HOUR A.M. Month Day Year   19	
by the haspital of the this certifical be detached far state of the st	2	21d INJURY OCCJERED While Not white at work at work 220. I certify that (I) (this hospital) attended the deceased from What 14, 1964, to July 20, 1968, that (I)	State (wa) kasi
ATTENDING stained by the CTOR: After should be dith the State		sow the deceased alive on 1960, and that in (my) (our) opinion death accurred on the date and hour and courses stated aboye, (1) (we) (did) (did not) view the body after death.	from the
P be		226 SIGNATURE Chorg Choon Handerke ATTENDING MED DIRECTOR STAFF THEY SOLD ATE SIGNED OF THE SIGN	968
O HOSPITAL Page 4 may O FUNERAL I director, page should be fil		NAME (Type) By, Chong choon Han Western Maryland state Hosp, Hay	iers (ou
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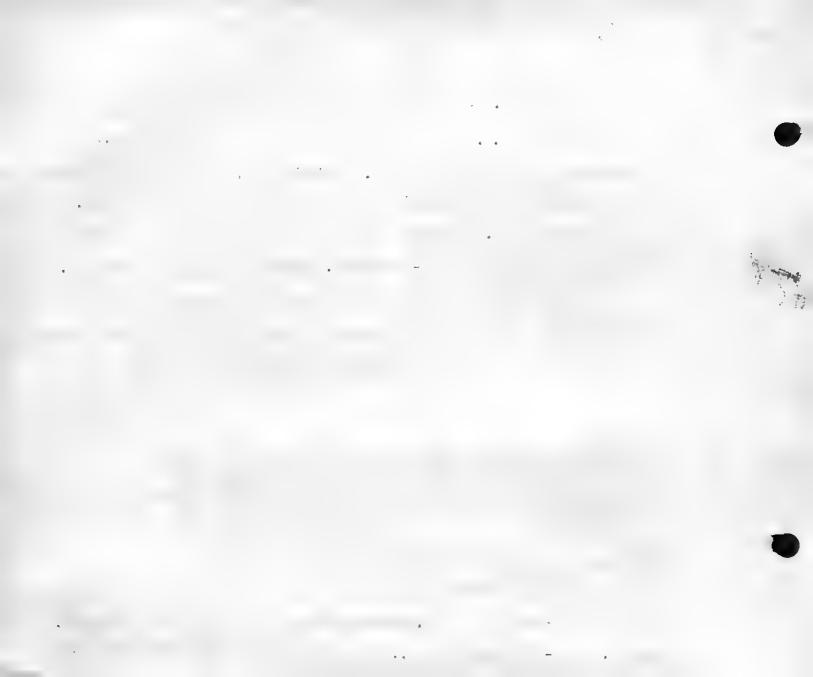
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	DECEASED-NAME (Type or Pr nt) KENNETH LEON BOWARD 20 DATE KNOWN Month Day Year 2b HOJR OF ESTI-DEATH MATED 7 7 1867 PM
Pmy deloy is Proge Poge Poge	MALE WHITE 5 DATE OF BIRTH 4/27/1905 6 AGE , years   15 UNDER 1 YEAR   15 UNDER 24 HRS.   2c. DATE PRONOUNCED DEAD   2d HOUR   Month JULY DOY 13   Year   1968   Manth JULY DOY 13   Year   Yea
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Sive Pogramiting Starting Star	TO CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (I not in hospital)  12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13th ACCUPATION MISS 13e. STREET AND NUMBER
thours of them 10 office 10 office 10 office dead after dead	odm ssion) STATE 13b COUNTY WASHINGTON YES NO 151 W WASHINGTON ST.  4 FATHER S NAME First Middle Lost IS MOTHER S MAIDEN NAME First Middle Lost
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ecuted within ing' in pencil edical Examine emit. File pag. within 72 hou	NO 217-12-2580 MB EDGAR E BOWARD PENNA  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PADT I DEATH WAS CALLED BY  BETWEEN ONSE AND DEATH
A 무를 하는	Ond t ons, if any, which gave )
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s o and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  3 3 4 7 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
ne for the form	190 DATE OF OPERATION  195 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20 AUTOPSY?  YES NO 195 NO
should should files. 3 should	PRIMARY OR CONTRIBUTING HOUR A.M  CAUSE OF DEATH P M 19  21d. INJURY OCCJRRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State
	while Not while at work AT work that I taak charge of the remains described above, held an Autapsy , Inspection I have that I taak charge of the remains described above, held an Autapsy , Inspection I have that I taak charge of the remains described above, held an Autapsy , Inspection I have that I taak charge of the remains described above, held an Autapsy , Inspection I have that I taak charge of the remains described above, held an Autapsy , Inspection I have that I taak charge of the remains described above, held an Autapsy , Inspection I have that I taak charge of the remains described above, held an Autapsy , Inspection I have that I taak charge of the remains described above, held an Autapsy , Inspection I have that I taak charge of the remains described above, held an Autapsy , Inspection I have that I taak charge of the remains described above, held an Autapsy , Inspection I have that I taak charge of the remains described above, held an Autapsy , I have that I taak charge of the remains described above, held an Autapsy , I have that I taak charge of the remains described above, held an Autapsy , I have that I taak charge of the remains described above, held an Autapsy , I have that I have
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EPUTY ssory, funeral oy be INERAL	ASSISTANT MEDICAL EXAM NER  EXAMINER'S NAME (Type)  ASSISTANT MEDICAL EXAM NER  DEPUTY MEDICAL EXAM NER  ADDRESS(Street, city, town, or county)
T S S S S S S S S S S S S S S S S S S S	230 BLR AL CREMATON, 235 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)  REMOVAL SAFETY 7/14/68 REST HAVEN CEM. HAGERSTOWN WASH. MD.
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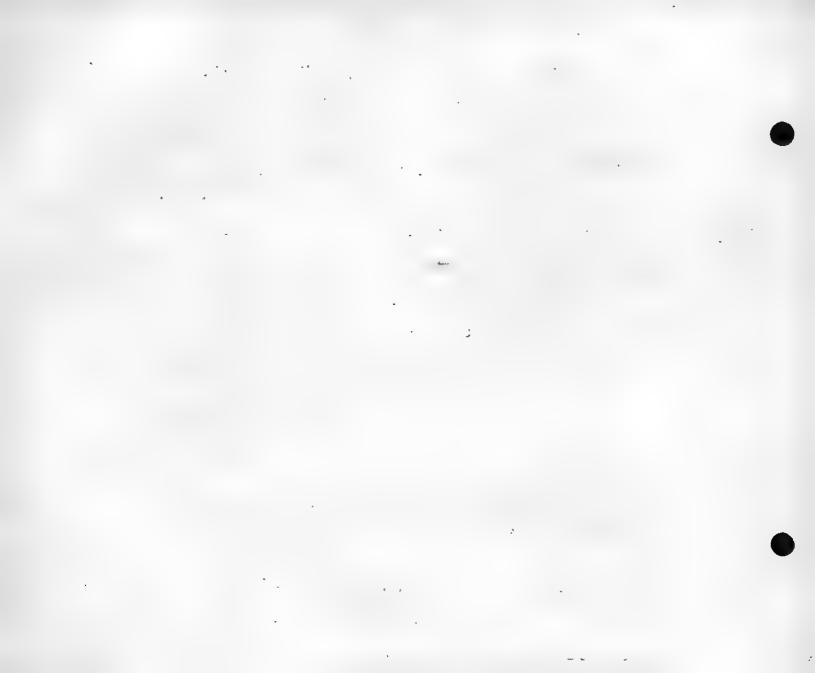
	MARYLAND STATE DEPARTMENT OF HEALTH
	CERTIFICATE OF DEATH
. 2:	1 DECEASED-NAME First Middle Last 2a DATE OF OEATH 2b HOUR
executed within 24 hours after death and completely filled in by, the funeral emove carban papers. Pages I and 2 any event, within 72 hours litter leath	(Type or print) FOSTER EUGENE BOWERS, SR. JULY 14. 1968
	3. SEX 4. RACE 5. DATE OF BIRTH AUGUST 30.1892 6. AGE (In years   FUNDER I YEAR   FUNDER 24 HRS   MALE WHITE AUGUST 30.1892 75 birthday) VDS MONTHS DAYS   MOURS   MIN
age ( Table )	10.2
<b>PUNERAL DIRECTOR:</b> After this certificate has been signed by the attending physicial and completely filled in by A director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pag shauld be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haus.	7a BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
72	MARYLAND U.S.A. WIDOWED DIVORCED WASHINGTON Md
۸٠.	ID CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of work not life, eyed of retreat)  WILLIAM SPORT  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of work not life, eyed of retreat)  W. D. BYRON TANNERY  120 LSUAL OCCLPATION (Kind of work done life work not life, eyed of retreat)  W. D. BYRON TANNERY  121 LSUAL OCCLPATION (Kind of work done life work not life, eyed of retreat)  W. D. BYRON TANNERY  122 LSUAL OCCLPATION (Kind of work done life work not life, eyed of retreat)
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	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE 13b COUNTY WASHINGTON WILLIAMSPOR YES X NO 19 W. POTOMAC XXX ST.
1	
	WESLEY E. BOWERS LAURA E. CREAMER  160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17, INFORMANT
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, at unknown) (If yes give war or dates of service)  NO  16b. SOCIAL SECURITY NO.  17. INFORMANT  DAVID BOWERS 119 W. POTOMAC ST.
	apppyrital uttoval
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY
	IMMEDIATE CAUSE (0)
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	nse ta immediate cause (a).
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	YES NO PX CAUSES OF DEATH?
	190 DATE OF OPERATION 95 CONDIT ON FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?  210. ACCIDENT WAS JINDERLYING 215. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	3 □ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Manth Day Year
	2 2 INLIRY OCCURRED 2 In PLACE OF INJURY (AT HOME FARM, STREEL, FACTORY) 23F 30CATION Street or R.F.D. No. City or Town County State
	While Nat while of wark of wark of wark
	220   certify that (1) (this hospital) ottended the deceased from 1900 to 1900 to 1900 that (1) (was lost
	sow the deceased alive on 2 4 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (i) (we) (did) (did not) view the body after death.
	22b SIGNATURE  REPRINCING MED STAFF 22c. DATE SIGNED  22c. DATE SIGNED
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De la constitución de la constit	236 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)  REMOVAL (Specify) 7/17/68 RIVERVIEW CEMETERY WILLIAMSPORT WASH MD
3	BURNIVAL Specify 7/17/68 RIVERVIEW CEMETERY WILLIAM SPORT WASH. MD  24. HENERAL DIRECTOR
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, 1	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FUR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
MEALTH DEPT.	1. DECEASED NAME Frst Middle Lost (BUGGY) 2q DATE KNOWN Manth Doy Year 2b HOLR (Type or Print)
oy is 3 to Page	(Type or Print) JAMES JOSOPH BRUGGY DEATH MATED 7 168 420 M
deloy 33. Po	3 SEX 4 RACE S. DATE OF BIRTH AGE (n years F JINDER 14 HRS 15 UNDER 24 HRS 20 DATE PRONOUNCED DEAD 20 MOUR lost berthology) MONTHS DAYS HOURS MIN Month
2, and 3	Male White Sept. 1, 1899 68 yrs Months DAYS HOURS MIN Month 7 Day 16 Year 1968 420 M
(70)	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED SINEVER MARRIED 9 COUNTY OF DEATH
State De	Country) Pennsylvania U.S. WIDOWED DIVORCED Washington Co., Md
oth F	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
er deoth Sive Pog ng with h the Sto h.	Give street address    Go. Hospital   Supt. Highway Supply   Construction   Const
s ofter 18. Giv along with 1	130 USUAL RES DENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d MISIDE CTY DM/152 13e STREET AND NUMBER
75 o 18.0 18.0 dec	odmission) STATE Maryland 13b. COUNTY Anne Arundel Linthicum YES NO 5 101 Shortcross Rd.
hours after death Item 18. Give Pages 1, Office along with form 1 and 2 with the State Death.	14 FATHER'S MAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
	James p. Bruggy Bridget Healey
hin 24 pages hours	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS  (Yes, no, of unknown) (thyses give wor or dottes of service)
Per 2	No   105-10-7085A  Mrs. Anna Bruggy - 101 Shortcross Hd.
# in the second	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONBET AND DEATH
be executed "pending in lief Medical I nosit permit. Fevent within	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Drimmy & Securdary Shock 2hr
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Em = .	PRIMARY OR CONTRIBUTING HOUR A.M.
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EXAMINER: ute the certiage 4 should your files. Poge 3 should tremation, cremation,	While Not while factory office building, etc.)
L EXA ecute Page or you R:Pog	
ICAL IS EXECT FOR FOR CTOR:	22a   certify that Hook charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opin an death resulted from Natural causes , Accident , Suicide , Hamicide , Undefermined manner
pleose e) director. retoined. DIRECTO	
ITY DICORD IN The Order of the Charles of the Charl	ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER  226 DATE SIGNED 7/16/68
RAIL PUT	SIGNATURE OF STREET STR
O DEPUTY SICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR. Page Health prior to buriol, crem	NAME (Type) HIS WAYO NUTTIONS ADDRESS (Street, cty, town, ar county) 480 Northons M
TO DEPL necesso the fun S moy TO FUNE Health	230 BURIAL CREMATION. 23b DATE 23c NAME OF CRMETERY OR CREMATORY 23d LOCATION (City of Town) (Country) (Stock)
F E	REMOVAL (Specify) Burial 7-19-1968 St. Vincent Cemetery Minersville, Pa.
	24. FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25D REGISTRAR'S SIGNATURE
VR A15ME [5] TOM REV 1/68	George J. Gonce-4001 Ritchie Hgwy., Baltimore DANUL 2 2 1968 KCharles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 -000011 CERTIFICATE OF DEATH DECEASED NAME First Middle 20 DATE OF DEATH 26. HOUR 24 haurs after death. (Type or pont) Month 26 Day July Daisy Orpha Burnett F JINDER I YEAR IF UNDER 24 HRS 4 RACE S DATE OF BIRTH AGE (In years 3. SEX DAYS last birthday) 10/25/82 Female Negro RE YRS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED country) Pennsylvania Hilled in I WASHINGTON U3A DIVORCED [ WIDOWED DI 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR The law requires that the death certificate be executed within HAGERS TOWN INDUSTRY during most of working life, even if retired) mprenely, carbo 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER burial, cremation, ar remaval, and in any event 209 W. Bethel St. 136 COUNTY Washington YES 3 NO [ Hagerstown the attending physician with another please remain 14 FATHER'S NAME Middle Last 15 MOTHER'S MAIDEN NAME First Middle Liza Sturtz Nelson Preston Elmer 166. SOCIAL SECURITY NO. 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give wor or dates of service) Yes, no. or unknown) 214-36-2163 Archie D. Saunder 209 W. Bethel 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) Lobular pneumonia, bilateral week DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove h (b) Generalized arteriosclerosis 10 years rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) Page 4 may be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 📆 far use ( Health NO [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Year with the State Dept. af P.M. shauld be detached 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County 21d. NJURY OCCURRED Stote While Nat while at work 22a. 1 certify that (1) (this hospital) attended the deceased from Dec. 11, 1905, to July 20, 19, 50, that (1) (we) last saw the deceased alive on 12, 25, 19, 8, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (1) (we) (did) (did net) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE 7/26/68 X directar, page 3 shauld be filed v DEGREE DIRECTOR 22e. ADDRESS Western Md. State Hospital 22d. PHYSICIAN'S NAME (Type) DOMINGO A. GARCIA, M.D. 1500 Pennsylvania Ave., Hagerstown, Md. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Town) (County) (State) 230 BURIAL CREMATION. REMOVAL (Specify) Hagerstown Washington Md Rose Hill Cemeterv 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4)





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		1d INJURY OC	CURRED 21e P	LACE OF INJURY	(At home, forr	n, street,	21f LOCATION St	treet or R.F.D. No.	Ctvo	r Tawn	County	State
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5 5 ± ~ 5 ±		BUR AL, CREMA		DATE	23€	NAME OF CEMET	ERY OR CREMATOR	У	23d 10CAT,ON	(City or Town)	(Caunty)	(State)
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	24 FL	INERAL DIRECT	2 //			ADDRESS		250 RECD BY	REGISTRAR	25b REG STRARS	SIGNATURE	
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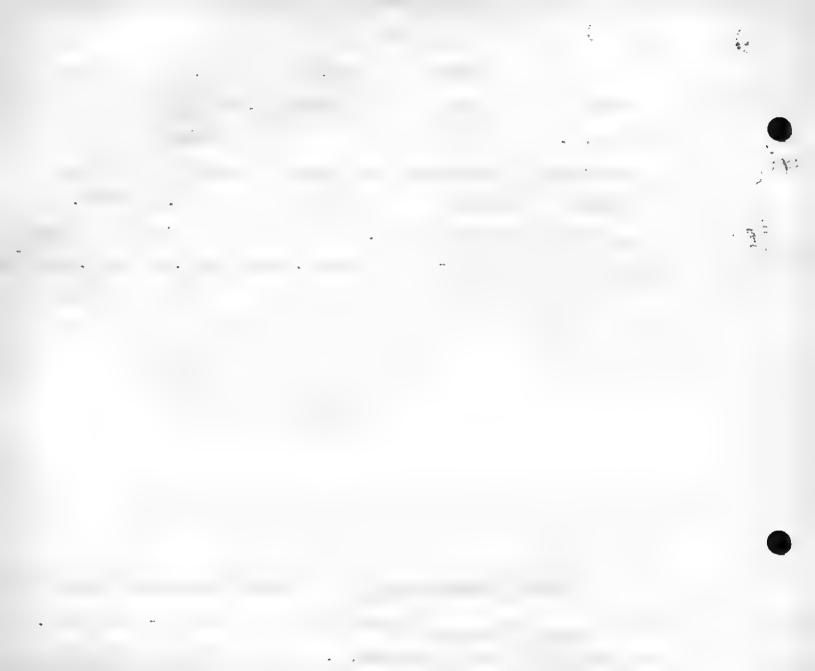


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 20 DATE OF DEATH 2b. HOUR deoth. be executed within 24 hours after death (Type or print) Month 🅕 5. DATE OF BILLY 6 AGE (W F UNDER 1 YEAR SEX 4. RACE vears 9. COUNTY OF DEATH 7p. BIRTHP,ACE (State or foreign country) DIVORCED [ WIDOWED D 12g USJAL OCCUPAT 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital ON (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY during most of working fe, even if retired) ase remove carbon event. 13e STREET AND NUMBER 130 USJAL RESIDENCE (Where deceosed lived, if institution Residence Metage 13c CITY/OR FOWN admission) STATE 13b. COUNTY 13d INSIDE CITY L M TS? NOK yno ni bno 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First ou mand Last KEllER U13A law requires that the death certificate IN ILS ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) (if yes give war or dates of service) burial, cremation, or removal, APPROX MATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per PART | DEATH WAS CAUSED BY. Conditions, if only, which gave buriol-tronsit rise to immediate cause (a) signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Page 4 may be retained by the haspital or attending physician.

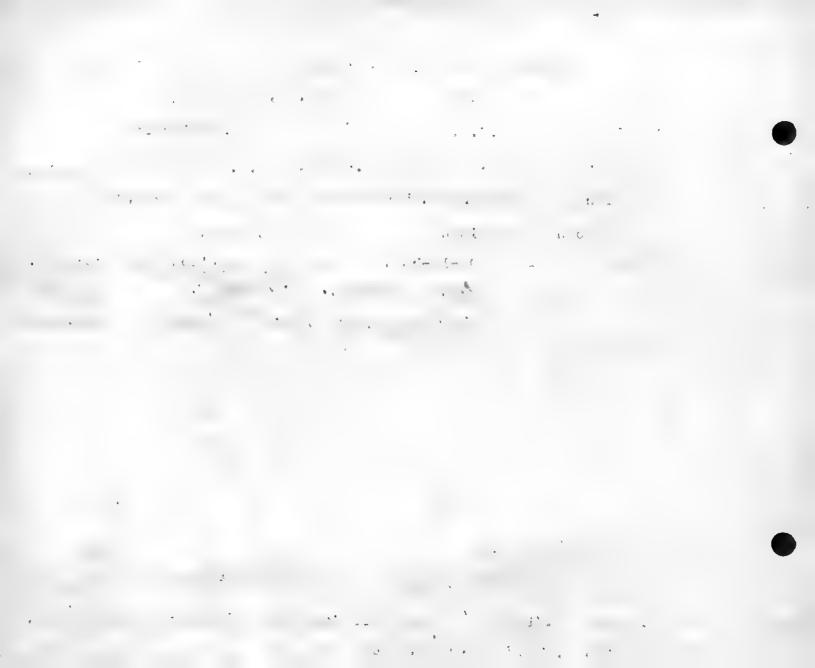
O FUNERAL DIFFETUR: After this certificate has been signed by PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO 🗔 far use YES 🗔 21a ACCIDENT WAS UNDERLYING 235. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year director, page 3 should be detached should be filed with the State Dept. of (If either, natify medical examiner) 21e, PLACE OF INJURY / AT HOME, FARM, STREET FACTORY, \ 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. State City or Town County OFFICE BUILDING ETC. Whee Not while of work 220. I certify that (I) (this hospital) attended the deceased from State (1), 19 to 1, to state (6), 19 to 1, that (I) (10) last sow the deceased alive on 4 to 10 to 19 to 2, and that in (my) (200) apinion death occurred on the date and hour and from the causes stated above. (1) (we) (did not) view the body ofter death. 225. SIGNATURE 22c DATE SIGNED DIRECTOR 22d. PHYSICIAN S 22e, ADDRESS NAME (Type) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION (State) (County) 0 FUNERAL DIRECTOR VR A15 [4] Higinbothom-Slack. 106 Columbia Rd. City. Md. 30M REV 1/68 DATE



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NA	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH					
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MM		NAME (Type)	n.O. ICEX ROO		5. Prospect St.	Hages stans
Page 4 may be retained by the haspital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, creating the state Dept.	230	BURIAL, CREMATION 23b	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(County) (State)
- B - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	1	REMOVAL (Specify)		Haven Cemetery	Hagerstown-Wash	44 4
VR A15 (4)	24.	FUNERAL DIRECTOR Was	ADDRESS	25a RFC D	BY REGISTRAR 256. REGISTRAR'S S	SIGNATURE
30M REV. 1/68	1	Rest Haven Tune	eral CHapel Haae	rstown Md DUUL	-8 1968 Jelianle	as Judge



MARYLAND STATE DEPARIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED NAME First Middle Lost 2b HOUR haurs after death. (Type or print) Albert Cullison Julogh 1968 Norvel Sept.12,1895 IF UNDER 247/RS 6 AGE (In years 3 SEX 4 RACE ours after White (ystybirthday) Male 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED Washington commaryland U.S.A. WIDOWED [7] DIVORCED [ drector, page 3 should be detached far use as the burial-transit permit. Then please remove carbago paper should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR Washington Co. Hospt. Hagerstown 130 USUAL RESIDENCE (Where deceased lived if institution. Residence before 113c CITY OR TOWN 13d INSIGE CITY LIMITS? 3e STREET AND NUMBER complet The law requires that the death certificate be executed 13b Washington Hagerstown YESK NO ottending physician according to the please remove Werginia 14 FATHER'S NAME Ferst Middle Lost 15. MOTHER S MAIDEN NAME First Midde Cullison Frances Sprankle John 16b SOCIAL SECURITY NO 17 INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) 705-10-5007 Yes, no or unknown) Mrs Lillian Cullison Hagerstown Md 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (f), and (c) PART L DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH signed by the attendi rise to immediate couse (a), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [ NO [ 215. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Not while of work 22a. I certify that (1) (this haspital) extended the deceased fram saw the deceased glive an and that in (my) (aur) apinian death accorred an the date and haur and fram the saw the deceased alive an-O FUNERAL DIRECTOR: causes, stated abave, (1) (we) (did) (did nat) view the bady after death. ATTENDING DEGREE DIRECTOR PHYS 22e ADDRESS 22d PHYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE 230 BURIAL, CREMATION Hagerstown Wash Co Md. Hill Cemetery Rose Hagerstown Md . ADDRESS REG STRAR'S SIGNATURE 2Sb 24 FUNERAL DIRECTOR VR A15 (4) Milanley Judge Andrew K. Coffman Funeral Home Inc 30M REV 1/68 DATE ! ] ] ]



]		1	MAKTLAND STATE DEPARTMENT OF A CORDS, 301 W. PRESTON STREET, BAI	HEALTH	284
FOR STA	TF	L.	MEDICAL EYAMINED'S CEDTIFICATE		2.17
HEALTH D			CEASED NAME First Middle Last	2a DATE KNOWN Month	Day Year 25 HOUR
7 8 2 %	5	(	ype or Print) Leonard Lee Paris	OF ESTI- DEATH MATED X Jul	
\$ 4 B	menic	3 5	X 4 RACE S. DATE OF BIRTH 6. AGE IN years 1 F UNDER 1 YEAR	IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	1
y de and PM3	<u>H</u>	]	Tale White Oct. 6, 1928 39 yrs. 9 1	HOURS MIN Month Day	Year 19 68 Pa M
25	epart		IRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER M		
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Her de Give P ang wi	e de	]	eedysville give street oddress) Main St.		NOUSTRY Auto
after 8. Give alang	death	13a	USUAL RESIDENCE (Where deceosed I ved, if institution Residence before 13c CITY OR TOWN	13d. INSIDE CITY LUMIS? 13e. STREET AND NUMBER	
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haurs Item 1 Office	land2	14.	ATHER'S NAME First Middle Lost IS MOTHER'S MA		rost
24 in 1 r's (	es l		Cyrus Davis	Annie	Kennedy
within pencil xamine	haurs		NAS DECEASED EVER IN US ARMED FORCES?  16b SOCIAL SECURITY NO 17 INFORMANT 18c Super Source decreased services   219-20-4940   Mrs Bett	Showpsbur	
wit yan	77 72			by Davis, 115 East Antiet	APPROXIMATE INTERVAL
be executed "pending" in ief Medical E	# F		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY		BETWEEN ONSET AND DEATH
ding ledic	W		IMMEDIATE CAUSE (a) Gunshot Wound Of Head S	elf Inflicted	Instant
e execut pending ef Medic	sit		Conditions, if any, which gave )		
G g g	tran y e		rise to immediate cause (a), (D)		-
ward ward the Cl	burial-transit permit File I in any event within 72		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
the to	a bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDIT ON GIVEN IN PART 1/a)	
			176	DISCULTANCE OF STEEL IN CASE TO	
ertu writ	3 should be used as latian, ar remaval, c	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION		20 AUTOPSY?
This c ficate, be far	re u	III.	WAS PERFORMED?		YES NO 🔀
N	9 5		21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY C	OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	n 18)
INER: e certifi shauld   files.	shot.	MEDICAL	CAUSE OF DEATH PM PM July 7 19 68 Solf Ting 21d INJURY OCCURRED 2 e PLACE OF INJURY (At home, form, street, 21f LOCATION Stree	Ticted Gumshot Wound Of FerorRED No City ar Town	lead.
MIN the	mate	W	21d INJURY OCCURRED 2 e PLACE OF IN. JRY (At home, form, street, 21f LOCATION Street, foctory, office building, etc.)	et or R F D No City ar Town	County State
L EXAM ecute the Page 4 or your	Pag		AT WORK AT WORK BY Home Mein Str	eet, Keedysville, Washin	agtom. Md.
DICAL EXAMINER: se execute the certi- rictor. Page 4 should ned for your files.	<b>FUNERAL DIRECTOR:</b> Page salth pnor ta bunal, crem		22a. I certify that taak charge of the remains described above, held an Aut	tapsy 🔲, 🔝 Inspection 🙀, 📑 Inquiry 🔲,	and in my apin an
se e ctar			death resulted fram: Natural causes 🔲 , Accident 🔲 , Suicide 🔀 ,	Hamicide . Undetermined manner .	
dire dire	prior ta		ACTUAL C. S. C.	HIEF MEDICAL EXAMINER	
ITY. Ferral be r	Pric pric		SIGNATURE MD AS	SS STANT MEDICAL EXAMINER 22b DATE SI	
DEPU Scessal In func	표 조 <u>두</u>			EPUTY MED CAL EXAM NER	10, 1968
o DEPUTY necessary, if the funeral 5 may be r	Health	230	NAME (Type) Dr. E. W. Ditto, Jr. 215 W. Wash	23d LOCATION (City or Tawn)	(State)
<u> </u>	- AS	1	PEMOVAL (Specify)		
		24	Burial 7- 10- 68 Bakersville Cemet  FUNERAL DIRECTOR  ADDRESS	ery Bakersville, Wash	BUILDING BLO
VR A15	ME (5)	Jo	FUNERAL DIRECTOR  ADDRESS  hn H. Bast. Jr. 112 N. Main St. Boonsboro. Md	DATE 1111 1 2 1968 /	1 Jan



(1/1)		10079	DIVISION OF	VITAL RECORDS,	301 W. PR	ESTON STREET, BAL		YLAND 21201	. ,8	
(IV)					CERTIFICA	ATE OF DEATH	14		′> /	
death.			ER TRUDE	TOLA	DEI	LINGER	20 DATE OF	Z Month O Do	1968	7 P <sub>M</sub>
after of fur	3 51	FEMALE	4. RACE WH	ITE	9	11/12/	1892	6. AGE (In years to syludhooy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN
4 hours	70 cau	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF W	HAT COUNTRY? A •	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF WASI	DEATH HINGTON		Md
xecuted within 24 I completely filled in nove carban paper ny event, within 72	10. (	TAY OR TOWN OF DEATH	B <sub>ie</sub>	AME OF HOSPITAL OR IN:	NURSI	n haspital 12a. USI NG HOME R	JAL OCCUPATION	(Kind of work done	ON PSTY	BOARD
cuted v amplete ve cark		USUAL RESIDENCE (Where de ssion) SMARYLAN	D 13b. COUNTA	on Residence before SHINGTON	HAGER	STOWN 13d INSIDE CITY		CORBET	T ST.	
be execute and comp e remove	14	ATHERS NAME First  JAMES	Middle F.	FOUKE	15.	MOTHER'S MAIDEN NAME	First A	Middle	LIDY	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death stained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely filled in by referenced should be detached far use as the burial-transit permit. Then please remove carban papers and signer and sight the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 haur after death		WAS DECEASED EVER IN U.S. (If yes	ARMED FORCES? give war or dates at service)	16b SOCIAL SECURITY 219-36-2		FORMANT RS. MILDR	ED D. S		ERSTOWN MD.	
he death cer's attending p permit. The		1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	HISED RV.						BETWEEN ON	ATE INTERVAL SET AND DEATH
a dea affen ermii		- / " } IMA	MEDIATE CAUSE (a)	AS A CONSEQUENCE OF	rombosi	.5		Set	eral wor	ths
the the matic		Conditions, if ony, which go use to immediate cause (	(b) (b)		erotic	Cardio Vasc	ular Dis	0289	Several	years-
equires that the physician. signed by the burial-transit purial, cremati		stoting the underlying coulast.		AS A CONSEQUENCE OF						
g physical signal signal purity		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBE	ITING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OF	CONDITION GIVEN	IN PART 1(a)		
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YSICIAN: aspital ar certificate thed far ur	MEDICAL (	OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.M. (aminer) P.M.	Manth Day Year	,	THOUSE OCCURRED (EII)	er no ore or mps	y HI TUIT I OT TUET 2,	nen ros	
<b>ING PHYSICIAN:</b> The law requires the by the haspital ar attending physician. Ifter this certificate has been signed by be detached far use as the burial-transtate Dept. af Health priar to burial, cre	M	While Nat while of wark		( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC		ATION Street or R.F.D. N	·	or Town	County	State
DING d by t After d be d		22o. I certify that (I) sow the decease causes stated ob	this hospital) ott d olive on	ended the deceos	ed from Oc 9_68, and	that in (my) (our) or	67, to pinion death o	corred on the d	7 <u>68</u> , that (	(I) (we) lost nd from the
TTEN tainer TOR: thaulk		couses stated ab	ove, (I) (wo) (did)	(did not) view the	body ofter d	eoth.			DATE SIGNED	
		118	W And	72	DEGRE	11110	MED DIRECTOR	STAFF PHYS.	July 12	1968
may RAL   Page 1		22d. PHYSICIAN S NAME (Type)	E. W. D4	tto In	215	22e ADDRESS	t-n 5t	Ua ma mot		
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be filed with the State	23g		7/12/68	23c NAME OF ROSE	CEMETERY OR C	W. Washing REMATORY CEM.	23d LOCATO	N (City or Town) RSTOWN	(County) WASH	(State)
VR A15 (4) 30M REV 1468	24.	FUNERAL DIRECTOR	ut Ha	ADDRESS	du i	DATE DATE	BY REGISTRAR 1 5 1968	25b REGISTRAR	S SIGNATURE	L



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20 DATE OF DEATH 2b HOUR Last 1. DECEASED-NAME Month 10 The tow requires that the deoth certificate be executed within 24 hours after deoth 68 Year (Type or pnnt) DEMOSS JULY BENJAMIN F JINDER YEAR HE LINDER 24 JURS 4. RACE 5 DATE OF BIRTH 6 AGE (In years 3 SEX HOURS 1884 JANUARY 7. MALE WHITE 9. COUNTY OF DEATH 76 CIT ZEN OF WHAT COUNTRY? 7p BIRTHPLACE (State or foreign 8 MARRIED . NEVER MARRIED COUNTRY WASHINGTON U.S.A. WIBOWED TX DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during most of working life, even if retired.) Wall Paper Hanger INDUSTRY COUNTY HOSP. HAGERSTOWN 13e STREET AND NUMBER 13c USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 136 INSIDE CITY JM TS? 136 COUNTY ASHINGTON YES NO HAGERSTOWN 950 Maryland Avenue 15 MOTHER'S MAIDEN NAME First Lost Lost 14. FATHER'S NAME Middle LAVINA STMPKTNS DEMOSS cremation, or remayol, and in FRANKLIN CHARLES 17 INFORMANT 950 MARAGAND AVE. 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? AVY- 1908 220-10-7464 HAGERSTOWN. MARYLAND ELIZEBETH DENEEN APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per sine fats (o), (b) and (c)) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), signed by t burial-trons burial, crem DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2/OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🗀 NO I 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M If either, notify medical examiner) 218 PLACE OF INJURY (AT HOME, FARM, STREFT, FACTORY) 211 LOCATION Street of R.F.D. No State City or Town 21d INJURY OCCURRED County While Not while 220. I certify that (I) (this Kospital) attended the deceased fram\_ , and that in (my) (out) apınıan death accurred on the date and hour ond from the saw the deceased alive on... couses stated/obove, (I) (we) (did not) view the bedy ofter deoth. 22c DATE SIGNED 22b SIGNATURE MED DIRECTOR ATTENDING DEGREE 22e ADDRESS PHYSICIAN'S 22d 300 N. POTOMAC, HAGERSTOWN, MARYLAND NAME (Type) ARDIZABAL 23d. LOCATION (City of Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b DATE 23g. BURIAL, CREMATION REMOVAL (Specify) ROSE HILL CEMETERY CUMBERLAND ALLEGENY MARYLAND 2Sb REGISTRAR S SIGNATURE 2So REC D BY REGISTRAR 24. FUNERAL DIRECTOR 30M REV 768 H. Lee Silcox Cumberland, Maryland 21502



, ,		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	١.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	100
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN THOUGHT	DOY 68' 64 1198
× 2 2 5	(	(Type or Print) Romald Dala Droke	00 8142
SCR AE	3 S	SEX 4 RACE S DATE OF BIRTH 6 AGE I'D VROIS IF LINDER 1 YEAR IF LINDER 24 HRS 2c DATE PROMOLINGED DEAD	7 34 HOUR
= EY	1	late   White   4-1-46   22 yrs     July 26	Year 1968 P. A
n 2 2 N	70	BIRTHPLACE (State or foreign 7b Citizen of What Country? 8. MARR ED NEVER MARRIED 9 COUNTY OF DEATH	
form form		Penna. USA WIBOWED DIVORCED Washington	M
after death Give Pages 1, along with farm with the State De leath.	H	ancock give street oddress) RFD. drugs master weeking the even if retired)	26 KIND OF BUSINESS OR NOLSTRY
	13a 0	a USLAL RESIDENCE (Where deceased lived, if institution Residence before 3c CITY OR TOWN 13d INSIDE CITY & MITS? 13e STREET AND NUMBER Odmission) STATE Penna. 13b COUNTY Bedford Breezewood YES 18 NO	
haurs Office Office affer		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
		Malcolm Drake Marie Cogan	
		b. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown)   (Hyes give wor or dates of service)   666 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS	
This certificate shauld be executed with n cate, writing the word "pending" in pencil be forwarded to the Chief Medical Examine! be used as a burial-trans t permit. File pagar removal, and in any event within 72 hau	,,	(Tes, no, or unknown) [ff yes give wor or dates of service] 201-38-8781 Candace Drake Breezewood,	Penna.
in J al Ex hin 7		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c) ) PART I. DEATH WAS CAUSED BY	APPROX MAJE INTERVAL BETWEEN ONSET AND DEATH
shauld be executed ne word "pending" in ta the Chief Medical E burial-trans t permit F I in any event within		MMEDIATE CAUSE (a) Suffication	Instant
pen pen st M		Cond t ons, if ony, which gave )  Due To, or as a consequence of  (External chest compression)	
id b rid " Chire fran		rise to immediate couse (a),	
woo the mind!		stating the underlying cause Due 10, or as a consequence of	
the slate of tall a build is		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
CAL EXAMINER: This certificate is execute the certificate, writing the car. Page 4 shau d be forwarded to ad far your files. CTOR: Page 3 shauld be used as a bounal, crematian, ar removal, and	_	8220	
NER: This certificate, writing hand be forwarde iles. shauld be used as strain, or removal, or	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his and the form	RTIFI	WAS PERFORMED!	YES 🙀 NO 🗌
d b	E 3	PRIMARY A OR CONTRIBUTING THE HOUR WITE	
VER cer ren hau hau lles. sha sha rtian	MEDICAL	CAUSE OF DEATH   19:45 PM July 26% 68   Pinned beneath ever turned tracte	
DICAL EXAMINER: use execute the certification. Page 4 shau clined far your files. RECTOR: Page 3 shau a burial, crematian,	2	WHILE NOT WHILE foctory, office building, etc.)	County State
L EXAM Page 4 ar your R: Page			
AL E execution. Part I far I f		22a   certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ,	
please e directar retained L DIRECT		death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner [	_
TY, plear of dispersion prior		ACTUAL SIGNATURE AS SELLA A LETA TO ASSISTANT MEDICAL EXAMINER 226 DATE SI	GNED
EPUTY SSGry, funera ay be ay be INERAL		SIGNATURE	27. 1968
neessary, please execute the the funera directar. Page 4 the funera directar. Page 4 to Funeral Directors. Page Health prior to burial, crem		NAME (Type) Dr. E. W. Ditto, Jr. 215 W. Washington: St. 1940 Hagerstown, Mc	i
To purece the Smile Heal	230	DEMOVA (Canada)	County) (State)
		DUTIAL 7-30-68 Siloam Cemetery Fulton Co. Pe	nna.
VR A15ME (5)	1		_
10M BEA 1788	1 h	Minnich Funeral Home Hagerstown, Md. DATE HILL 30 1968 PChant	as andre



1.1/				MD STATE DEPAKTA			
4-		0000	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STI	REET, BALTIMORI	, MARYLAND 21201	* 0 .3
	-	- 104		CERTIFICATE OF	DEATH		10
- 24	I. DE	CEASED-NAME First	Middle	Last	20 [	DATE OF DEATH	Zb HOUR
after deoth.  fancial gest and 2 after deoth.		une or neight .		2000	1	Month Day	Yeor 1124
de de	2 00	Margi	e Marie	Dunk		July 25	1700
ther the	3. SE		4 RACE	S DATE OF B		6 AGE (In years	IF UNDER 1 YEAR   IF JINDER 24 HRS.   MONTHS   OAYS   HOURS   MIN
S 2 5 5		Female	Carcusian	Sept.	21,1907	lest birthday) O yrs	
a la la	70 E	IRTHPLACE (State or foreign 7	7b CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	RIED 9. COU	NTY OF DEATH	
e death certificate be executed within 24 haurs effending physician and completely filled in bearmit. Then please remove carbon paper. Paon, or removal, and in any event, within 72 hapse	COLE	<sup>my)</sup> Maryland	U.S.A.		RCED 🗌	Washington	Md
in 24 filled i paper hin 72	10 C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If not in haspital	12a. USBAL OCCU	PATION (Kind of work done	126 KIND OF BUSINESS OR
ecuted within 24 completely filled fove carbon papery event, within 7		agerstown	washingto	on Co. Hosp.	House	ranking life, even if retired )	INDUSTRY
d v determent,	130	USUAL RESIDENCE (Where deceased	d lived, finstitution, Residence befo	e 13c CITY OR TOWN	13d INSIDE CITY LIM TS?	13e. STREET AND NUMBER	
cute omp	admi	Sion) Maryland	13b COUNTY Washington	Cascade	YES NO X		
their the death certificate be executed within 24 loon in the effending physician and completely filled intronsit permit. Then please remove carbon paper are mation, or removal, and in any event, within 72	14. F	ATHERS NAME First	Middle Lost	IS. MOTHER'S M	AIDEN NAME First	Middle	Lost
be on a		David	E. Bowmar		Julia	<b>a</b>	Tracy
rian cian eas	16a.	WAS DECEASED EVER IN U.S. ARME	D FORCES? [16b SOCIAL SECURI			Address	
al y si	Y	es, no, or unknown) (It yes give wor	r or dates at service) 219-36-1	Ji67 Mr. Samu	el B. Dunl	cin Cascade.	Md.
ph hen nov					<u> </u>	<u> </u>	APPROXIMATE INTERVAL
4 5 2		PART I DEATH WAS CAUSED	one couse per line for (o), (b) ond BY F CAUSE (o) Meseum	(0) Dat	41		BETWEEN OWSET AND DEATH
e i e		IMMEDIATI			ery Th	ZIZOdwoy	2 days.
a . ja a . jo		the to the	DUE TO, OR AS A CONSEQUENCE				
The sail		Candit ons, if any, which gave rise to immediate cause (a),		cherotic	Heart	Disease	10 years.
CC TO TO		stating the underlying cause(	DUE TO, OR AS A CONSEQUENCE	OF .			
sed iol-		lost.	(c)				
equire that the death physicion. I signed by the effendire buriol tronsit permit-buriol, cremation, or re-		PART 2. DTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE ORCONDITION	ON GIVEN IN PART 1(a)	
ICIAN: The law requires the pital or attending physicion. Trificate has been signed ily of for use as the buriol-tro of Health priar to buriol, cre	z				lure		
end lay	CERT F.CATION	190 DATE OF OPERATION 19b. CC	ONDITION FOR WHICH OPERATION WAS	PERFORMED 20g. AUTO	OPSY?	20b IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
F S S S S S S S S S S S S S S S S S S S		None		YES 💽	NO 🗌	CAUSES OF DEATH?	
or or after under a collection	[ =	21a ACCIDENT WAS UNDERLYING	215. TIME OF INJURY	21c. HOW INJURY OC	CURRED (Enter nature	of injury in Part 1 or Part 2, 1	tem 18.)
E E E E E E E E E E E E E E E E E E E	MEDICAL	OR CONTRIBUTING CAJSE OF DEATH	HOUR A.M. Manth Day Ye	ar 19			
osp cert thec	ME	21d. IN. JRY OCCURRED 21e. P	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC		et ar R.F.D. Na.	City or Town	County State
his his		While Not while of work	<b>♦ OFFICE BUYLDING, ETC</b>	1		r	,
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M. S.		causes stated above,	haspital) attended the dece ve pn 30145 (1) (we) (did) (did not) view th	e bady after death.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		o dila nasi sino na na ni
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POSETAL OR ATTENDING ENTICIAN: The law re Poge 4 may be retained by the hospital or attending o FUNERAL DIRECTOR: After this certificate has been director, page 3 should be flurached for use as the should be filed with the State Dept. of Health priar to		NAME (Type) Richa	rd E. Jmith	, M.D. 5	98 Poti	omac Ave. H	agerstown, med
Under to	23a	BUR AL CREMATION, 23b. DA	ATE 23c. NAME	OF CEMETERY OR CREMATORY	23d	LOCAT ON (City or Town)	(County) (State)
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	24.	FUNERAL DIRECTOR	ADDRI		250. REC D BY REGIS		
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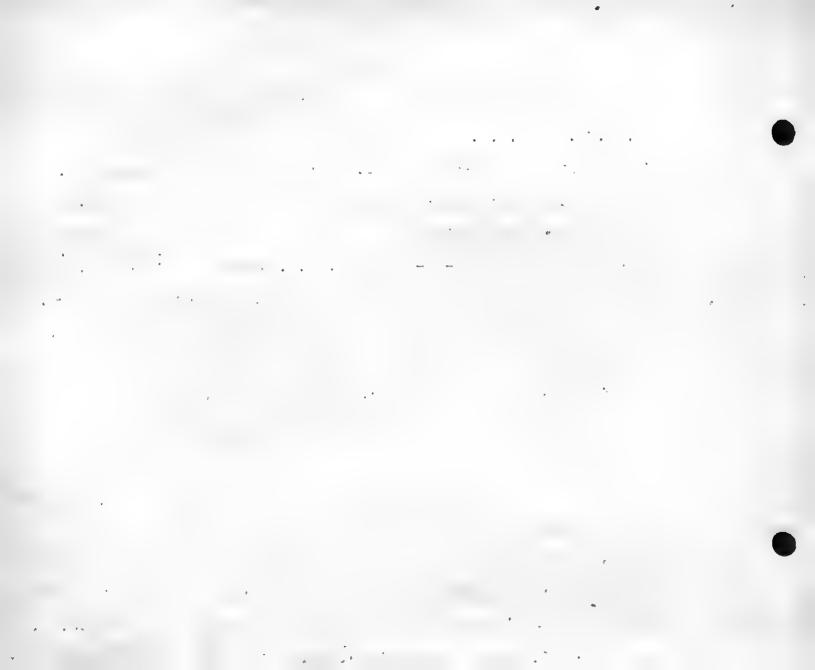
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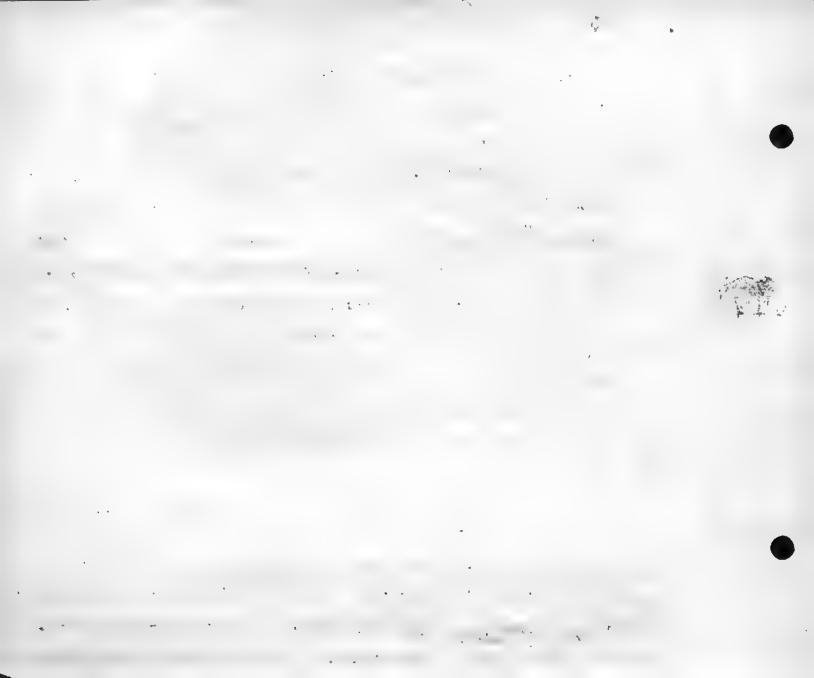
MAKTLAND STATE DEPARTMENT OF REALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 2a DATE OF DEATH 2b. HOUR (Type or print) 1.958 Mary :00P M Louise Eavev ban paper. Pages 1 within 72 hours after 5. DATE OF BIRTH 6. AGE (In years F JNDER 1 YEAR EF UNDER 24 HRS. The law requires that the death certificate be executed within 24 hours after 3 SEY A RACE in by the frence. Pages DAYS last, birthday) Female White Nov. 19. 1885 YRS 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED Shepherdstown. W. Va.. U. S. A. WIDOWED X DIVORCED [ Washington filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired ) Own Home aive street address) Hagerstown Jackson Convalescent Home 130 USUAL RESIDENCE (Where deceased aved if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample, irectar, page 3 shauld be detached far use as the burial-transit permit. Then please remainded having the State Dept. of Health prior to burial, crematian, ar remayal, and in any event. Washington YES T NO Young Ave Boonsboro 14 FATHERS NAME Middle IS MOTHER'S MAIDEN NAME First Middle Joseph Tennent Harriett Wintermoyer 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Ave. Poensboro. Md. Mrs. Mary Eugenia Poffenberger, 102 Young Yes, na. ar unknown) ( fiyes give war or dates of service) 220-111-9015 18. CAUSE OF DEATH (Enter only one cause per une for (o), (b), and (c) ) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Pneumonitis 18 hours DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) (b) Arterioscleretic Cardio Vascular Disease, Severe 5 years rise to immed ote couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FICAT ON 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) director, page 3 should be detache 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 220. I certify that (I) (this hospital) gittended the deceased from Aug. 1, 19.67, to July 11, 19.68, that (I) (we) lost sow the deceased alive an July 11, 19.68, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (we) (did not) view the body after death. 22b, SIGNATURI 22c DATE SIGNED DEGREE DIRECTOR PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Ditto. Washington St., Hagerstown, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23o. BUR AL, CREMATION, (County) (State) REMOVAL (Specify) Fairview Cemeterv Keedysville, Wash. 0 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ochonles John H. Bast, Jr. 112 N. Main St. Boonsboro, Md and 1 8 1968 MM REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 20 DATE OF DEATH 25. HOUR signed by the attending physician ond completely filled in by The fuherol buriol-tronsit permit. Then please remove corbon papers. Sogne on 2 burial, cremation, or removol, and in any event, within 72 hours after death. (Type or print) William Glenn Eccard 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER YEAR IF UNDER 24 MRS MONTHS male white May 26. 1901 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED DO NEVER MARRIED The low requires that the death certificate be executed within 24 hod Fred . Co.Md. U.S.A. WIDOWED | D-VORCED [ Washington the attending physician and completely filled sit permit. Then please remove carbon pape 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSDAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Co. Hospital Laborer Lumi Hagerstown 13c CITY OR TOWN 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER YES NO 635 Adams and Hagerstown 1S. MOTHER S MAIDEN NAME First 14 FATHER'S NAME Lost Somon Peter Eccard Effie (Shuff) Eccard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. 17 INFORMANT Hage town . Md . Yes, no, or unknown) 1 (if yes give war or dates of service) 214-16-0705 Mrs. W.G. Eccard 635 Adams Ave no 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
A C11 t. BETWEEN ONSET AND DEATH Acute Myocardial Infarction 4 Hrs. IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Coronary Artery Disease Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician.

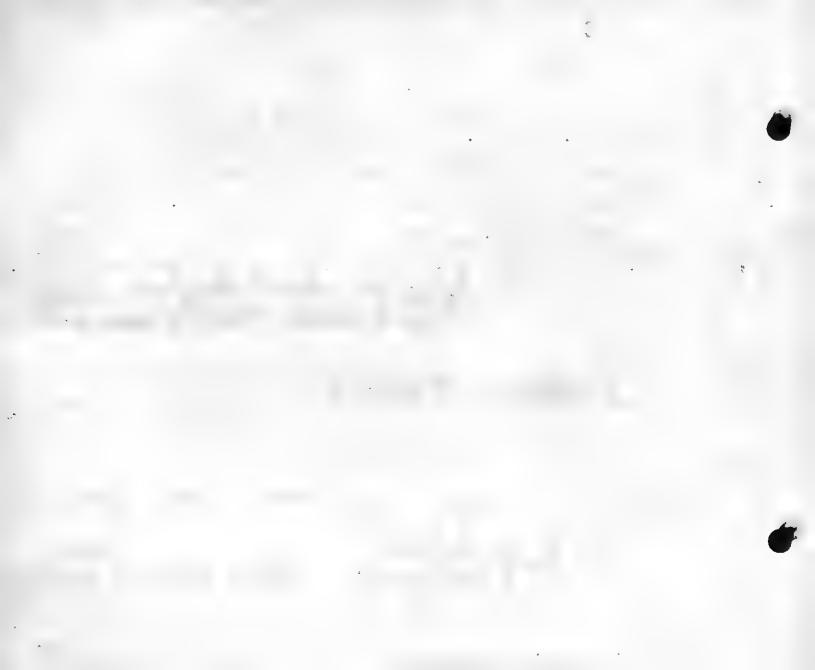
O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse last. 4 3 121 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(e) 3 shavid be detoched for use as the with the State Dept. of Health pror to Diabetes Mellitus - Chronic Pyelnephritis 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES IX NO [ 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Day Year P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work causes stated obave, (1) (we) (did) (did not) view the body after death. 22b SIGNAZURE 22c. DATE SIGNED ATTENDING 8 July 1968 director, page 3 DEGREE DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Noel Fender 218 N. Potomac St. Hagerstown Md 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, (County) (Stote) BENGAT (ST. LA) July 8, 1968 Wolfsville Fred Co Md
REGISTRAR 250 REGISTRAR 5 SIGNATURE Salem U.Methodist 250, RECD BY REGISTRAR 24. FUNERAL DIRECTOR DATUL 10 1968 Paul F. Bittle, Myersville, Md





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10094 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month Sarah Mande Gloss July filled in by the talk papers. Pages 1 thin 72 hours after c 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF JINDER I YEAR HE LINESER 24 HIRS last birthday) MONTHS T DAYS HOURS Female White April YRS. executed within 24 haurs 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Antietam, Md. U. S. A. WIDOWED [ DIVORCED Washington filled and in any event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR INDUSTRY Home give street oddress)
Garlock during most of working life, even if retired )
KOUSEKEEDER Hagerstown Mem. Hospital remove car 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Washington YES T Keedvsvill Rfd. 1 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Last Middle requires that the death certificate be Gloss George Malinda Keedv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Md. Yes, no, or unknown) (If yes give wer or dates of service) burial-transit permit. Then p 211-51-009hT Mrs. Fldon Jones ... 19 Della Lane Boonsboro 18. CAUSE OF DEATH (Enter on y one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A signed by the burial-transit Canditions, if any, which gave ) nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. 4-2 PART 2 OFFER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFFER THE DEPART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) this certificate has been detached far use as the e Dept. af Health priar to 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 JE YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO | 21g ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY TENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f 10CATION Street or R.F.D. No City or Town County State While Not while at wark be de State [ TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital)-attended the deceased from u saw the deceased alive an\_\_\_ director, page 3 shauld should be filed with the 22b. SIGNATURE ATTENDING DEGREE PHYS DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION. 23b DATE (County)/ REMOVAL Spenty) 7- 26--68 Rohrersville Cemetery Rohrersville, Wash. 24. FUNERAL DIRECTOR AD DRESS John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DATE 30M REV. 1XM

MAKTLAND STATE DEPAKIMENT OF HEALTH



A A	Item 18 Film 404 8-28-68	TAL RECORDS, 301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201	<b>&gt;</b> 0
4 2X	1087	CERTIFICATE OF DEA	ATH	`95
h42	DECEASED NAME First (Type or print)	Middle Lost	20. DATE OF DEATH  Month  Day	26, HOUR
rr deot	l'lary	Maye Gluck	July 14	1968 1/1 - 11. M
requires that the death certificate be executed within 24 hours after death g physician.  signed by the attending physician and completely filled in by the fulleral!  burial transit permit. Then please remove canal popers. Pages I and a burial, cremation, or removal, and in any event, within 72 hours after death	3. SEX  Genale  4. RACE  W	s date of Birth	6. AGE (In years lost birthdoy) 73 YRS	MONTHS DAYS HOURS MAN
ours after by the f Pages ours after	70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT			
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ite b cian sase ond	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 10	65. SOCIAL SECURITY NO. 17 INFORMANT	Lucinda Address	TICUERACE
that the death certificate be exe an. by the attending physician and c tronsit permit. Then please rem cremation, or removal, and in any	Yes, no or unknown) (-t yes give wer or dates of service)	None Mr. Paul S. C	fluck 422 Indiana Ave	. Hagerstown, Md
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law ndir bee s th	190 DATE OF OPERATION LIST SONDITION FOR WHICH	OPERATION, WAS PERFORMED ? 200 AUTOPSY?	20b IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
The atternation has se as the principle of the principle	190 DATE OF OPERATION 180 CONDITION FOR WHICH	metale lote YES IP	NO [ CAUSES OF DEATH? 4.8)	
IAN: The ol ar at icote ha for use Health		JURY 21c HOW INJURY OCCURRED	(Enter nature of injury in Part 1 ar Part 2,	tem 18.)
the state of the s	(If either, notify medical examiner) P.M.	Month Day Yeor 19		
PHYSICIAN the haspital cathis certificat detached for e Dept. of He		HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R	F.D. No. City or Town	County State
0		ded the deceased from 7/7	, 1968, to 7/14, 19	that (we) last
ENDIN ned by R: Affe uld be the Sto	220. I certify that (1) (this haspital) often sow the deceased alive an 2/1/4 causes stated above, (1) (we) (did) (d	1962, and that in (my) (o	ur) opinion death occurred on the do	te and hour and from the
ATTEND retained ECTOR: A should with the	228 SIGNATURE	1		DATE SIGNED
AL OR ATTENI y be retained L DIRECTOR: A age 3 should filed with the	Kingk Hamine	O MIN - DEGREE PHYS.	DIRECTOR PHYS   7	15/60
Manual Ma	22d. PHYSICIAN'S (SE DY GE	Jennings 22e. ADDRESS	318 N. Potomde	AVE-
O HOSP Poge 4 1 O FUNEI director	23a. BURIA., CREMATION, 23b. DATE	23c NAME OF CEMETERY OR CREMATORY	(23d LOCATION (City or Town)	(Caunty) (State)
00 0 10 10 10 10 10 10 10 10 10 10 10 10	REMOVAL (Specify) 7/17/68	Spring Grove Cemeter		Penna.
VR A15 (4)	24 FUNERAL DIRECTOR Wie Co. Hose	ADDRESS 250	REC'D BY REG STRAR 25b. REGISTRAR'S	SIGNATURE
30M REV. 1768	Rest Haven Guneral Chape	L Hagerstown, Md. DATE	000 11 1000	



_		•		D STATE DEPARTMENT		
Marine Marine		10083	•	301 W. PRESION STREET, E CERTIFICATE OF DEAT	BALTIMORE, MARYLAND 21201	10396
. 0	1 DI	CEASED-NAME First		Last	2a. DATE OF DEATH	2b HOUR
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r d	3. SE		4. RACE	15 DATE OF BIRTH	6 AGE ( n years	F JNDER I YEAR   IF JNDER 24 HRS.
affe affe	3. 30			Sept. 30	last highland	MONTHS DAYS HOURS MIN.
	70	Male  IRTHPLACE (State or foreign	White 7b CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	7 10
15 P		try)		8. MARRIED EN NEVER MARRIED		
5/	10 (	Toland, Md.	U. S. A.	WIDOWED DIVORCED	Washington USUAL OCCUPATION (Kind of work done	Md Md
		Rohrersville	give street address) Main St.	duri	ing most of working life, even if retired.) Track Furelian	126 KIND OF BUSINESS OR INDUSTRY
	13a	USUAL RESIDENCE (Where deced	ased I ved, if institution. Residence before 13b_COUNTY		ECITY LIMITS? 13e STREET AND NUMBER	
I	GUIII	ssion) STATE Maryland	Washington	Rohrersville	Main St.	
	14. 1	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NA	AME First Middle	Last
		Joseph	Gordon		Margaret	Fouche
		WAS DECEASED EVER IN U.S. AR es, na, ar unknawn) (If yes give			Address	
		ES, IIU, OI DIIKIIOWII)	705-07-70	73 Mrs. Leona	Gordon, Rohrersville	
		18 CAUSE OF DEATH (Enter o	inly ane cause per the far (a), (b), and (c).	1-11	an-1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSI	ED BY: PLATE CAUSE (0) My June	el production		13-2
		4109	DUE TO, OR AS A CONSEQUENCE OF	2 1 1/12 1 1	,	
		Canditions, if any, which gave		ester Hirt de	fluz	5 %.
		nse to immediate cause (a), stating the underlying cause				0
		last	(c)			
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1(a)	
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	CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	REORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
	E	none		YES N	CAUSES OF DEATH?	
-	GER]	21a ACCIDENT WAS UNDERLY			(Enter nature of injury in Part 1 or Part 2,	Item 18.)
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	MED		niner) P.M. 19 e. PLACE OF INJURY (AT HOME FARM STREET, FAC	(70RY) 21f. 10CATION Street or R.F.	D Na. City or Town	Caunty State
		While Nat while of wark	OFFICE BUILDING, ETC.			
		220 Leertify that (i) (t)	his hashital) attended the deceasi	ed from 10/27/67	19 to 19	, that (We) lost
		saw the deceased	his haspital) attended the decease	9, and that in (my) (our	r) opinion deoth occurred on the do	ote and hour and from the
	L	causes stated abov	ve, (1) (we) (did) (did not) view the	bady after death.		
	1	22b SIGNATURE	21/1/1	ATTENDING F	MED STAFF 22c	DATE SIGNED
		1/1/20	THERE IV	DEGREE PHYS	MED STAFF DIRECTOR PHYS	1/2/61
4		22d. PHYSICIAN'S	0 0	22e. ADDRESS	- DATE	1-12 D.
		NAME (Type) Wm	U. Kexrode.	101-0- 195	> I what st sin	gersera
	230	BURIAL, CREMATION, 23b	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
				rsvilla Cemetery	Rohrersville,	Wash. Co., Md
		FUNERAL DIRECTOR	ADDRESS		EC'D BY REGISTRAR 2Sb. REGISTRAR'S	
1	·J;	ohn H. Bast, J.	r. 112 N. Main St.	Boonsboro, Md OAN	JL 16 1968 Rolley	Las Roudes

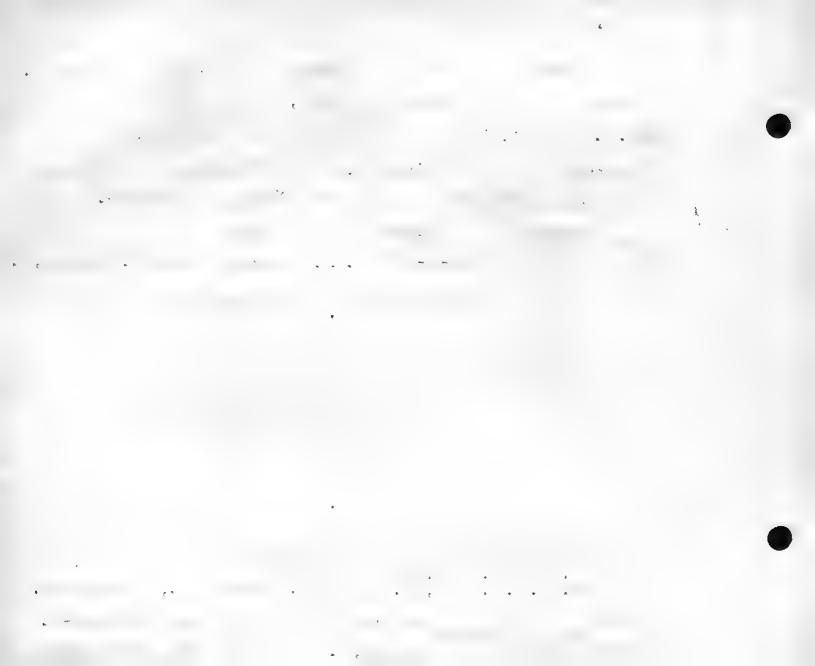


_	MARTLAND STATE DEPARTMENT OF HEALTH	
1-2-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	
	DECEASED-NAME First Middle tost 20. DATE OF DEATH 2b. HC	NID.
£ 505	(Type or print)Month Day Year	
nours after death	Helen Hoffmeier Hallock July 2, 1968 605 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years I FUNDER YEAR I IF UNDER 24	
s afte	last buthday) MONTHS DAYS HOURS	MIN
STO STORY		
- 1 = - W	76 BIRTHPLACE (Stote or fore gn   75 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH widowed   9 Divorced   9 Washington	H.c
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TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 2 Page 4 may be retained by the hospital or aftending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carban page should be detached for use as the burial-transit permit. Then please remove carban page should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within	Hagerstown, gwastreet address Manor during most of working life, even if retired Retired	
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d in ge	Rev. Thomas F. Hoffmeirer Sallie Ankeney	
ancia ancia	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 442 Address Potomac St	•
ohys	Yes, no or unknown) (of yes give war or dates of service) 220-44-4749. Mrs Jean H. Roggi Hagerstown, Md/	
ng h	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INVERVAL BETWEEN OMSET AND DEA	3H
eath endii nit.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Notasta to Carcinoma to Jungs  4 mo	4
e d afte an,	/ '+ X DUE TO, OR AS A CONSEQUENCE OF , U	
the the nation	(conditions, if any, which gove) (b) Carcinoma of breast 941.	
tha an. by crer	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
res Sirii Sidi,	last. /70 x (c)	
phy	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ing the	& Hypertencive Vascular Disease.	
s be as 1	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH?  216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 1216. HOW INJURY OCCURRED (Fater nature of injury in Port 1 or Port 2. Hom 18.)	
The att	₹ NO C	
AN: AN: al all cate ar te		
25 de 18 de	[If either, notify med.cal examiner) P.M. 19	
OR ATENDING PHYSICIAN De retained by the hospital ORECTOR: After this certifical e 3 shauld be detached for ed with the State Dept. of He	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Sta	re
the the contract of the contra	at work at work at work at	
State	22a. I certify that (I) (this hospital) attended the deceased fram A 111 /3 , 1967, to JUY 2 , 1967, that (I) (we) saw the deceased alive on JUY 1968, and that in (my) (our) apinion death occurred an the date and hour and from	last
Red He the	causes stated abave, (i) (we) (did nat) view the bady after death.	ime
A STATE OF SET	226 SIGNAFILIE A 227 DATE SIGNED	
OR OR OBE T Sed w	DEGREE PHYS DIRECTOR D STAFF DIRECTOR D PHYS D 7/3/6 8	
A Page of the page	22d PHYSICIAN'S NAME (Type)	1
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. af Health priar to burial, cres	NAME (Type) Lloyd A. HOFF men 214 N. Potomer st. Heserston	17 /16
HO: FUN FUN	230 BURIAL CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)	-
5g 5g 2g	Buiral July 5,1968 St. Pauls Cemetery Near Clearspring, Md.	
30M REV 1 (88)	24. FUNERAL DIRECTOR Hagerstown, Md Address Andrew K. Coffman Funeral Home Inc.	
30M REV 1 (88)	Andrew A. Corrman Funeral Home Inc. DAHII - 9 1968 Clientes Judge	



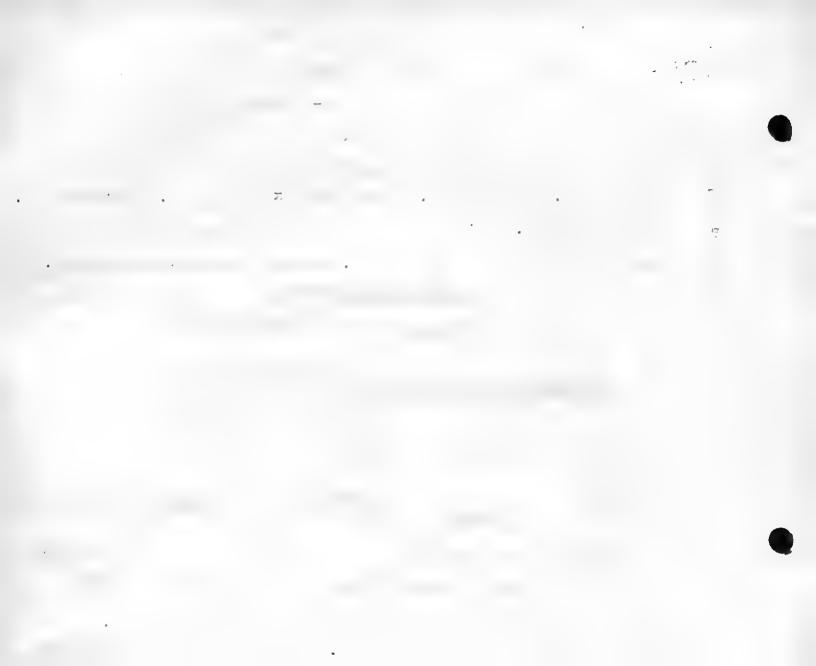
				CERTIFIC	ATE OF DEATH					
Ī	DECEASED-NAME (Type or print)	First	Middle		Last	20 DA	ATE OF DEATH	Danie	V	24 HO
,	(rype or plain) A	gnes	May		arrison		July	30	1968	TA.
3. 5		4.	RACE		5. DATE OF BIRTH		6. AGE (In year lost birthday			HOURS 24
	Female		White		June 1,190		67	YRS.	OMITIS DATE	HOURS .
7a.	BIRTHPLACE (State or foreignetry)	gn 7b f	CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED		TY OF DEATH			
	Balto.Md.		USA	WIDOWED			Washingto			
10.	CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN	NSTITUTION (If no	ot in hospital 120 US	DAL GCCUP	ATION (Kind of work	done	126, KIND OF B	USINESS OR
	Hagerstown		give street oddress) 432 Libe	erty St.		House	rking life, even if re	illed.j	Ourt He	ne
130 adn	n ssien) STATE Maryland	deceased liv	ved, if institution Residence before 3b COUNTY. Washington	Hager			30 STREET AND NUM 432 Liber		t.	
	FATHER'S NAME First		Middle Lost		MOTHER'S MAIDEN NAME	First	Mi	ddle		Lost
	Eme	tson	Spia	tell	1	Ruth			pe	
160	WAS DECEASED EVER N U		ORCES? 166 SOCIAL SECURITY	(NO. 17, IN	NFORMANT			dress		
	Yes no, or unknown) (if a	yos give wai e. a.	220-30-91	06B Mr.	L. 9. Harrise	on 432	2 Liberty	St. He	agersto	way!
	18. CAUSE OF DEATH (E	nter only on	e couse per line for (o), (b), and (c	).}					APPROXIMU BETWEEN ON	LTE INTERVAL
	PART I. DEATH WAS	CAUSED BY:	AUSE (o) Hypertensive	Arter	inscleratio	Cardi	in Vascula	ינו	Severa	
	4 '0"	MINEDIA'L CA	DUE TO, OR AS A CONSEQUENCE OF	Diseas	50.				years	
	Conditions, if ony, which		ove to, on the it consequence of						-	
	Conditions, it only, which	gove	(6)							
	rise to immediate cous	e (a), (	(b)	<u> </u>						
	rise to immediate cous- storing the underlying clost.	e (a), (		F	<del></del>	-				
	rise to immediate coust stating the underlying of lost.	e (a). couse			THE TERMINAL DISEASE O	R CONDITION	ł GIVEN IN PART I(o)	-		
7	rise to immediate cous- stating the underlying of lost.  PART 2 OTHER SIGNIFICA	e (a). couse	DUE TO, OR AS A CONSEQUENCE OF		THE TERMINAL DISEASE O	R CONDITION	R GIVEN IN PART 1(0)			
ATION	rise to immediate cous- stating the underlying of lost.  PART 2 OTHER SIGNIFICA	e (a), (couse)	DUE TO, OR AS A CONSEQUENCE OF	NOT RELATED TO	THE TERMINAL DISEASE O	12	206. IF YES, WERE FINI		SIDERED IN CER	Tifying
TIFICATION	rise to immediate cous- stating the underlying of lost.  PART 2 OTHER SIGNIFICA	e (a), (couse)	DUE TO, OR AS A CONSEQUENCE OF  (c)  ONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO		12			SIDERED IN CER	TIFYING
CERTIFICATION	rise to immediate cous- storing the underlying clost.  PART 2 OTHER SIGNIFICA  190 DATE OF OPERATION  210 ACCIDENT WAS UND	NT CONDITION  19b. COND  ERLYING	DUE TO, OR AS A CONSEQUENCE OF  (c)  INS CONTRIBUTING TO DEATH BUT N  T ON FOR WHICH OPERATION WAS P	NOT RELATED TO	20a. AUTOPSY?	<b>X</b>	206. IF YES, WERE FINI CAUSES OF DEATH?	DINGS CON		TIFYING
3	rise to immediate cous- stating the underlying of lost.  PART 2 OTHER SIGNIFICA  190 DATE OF OPERATION  210 ACCIDENT WAS UND OR CONTRIBUTING CAUST	NT CONDITION  19b. COND  ERLYING  FOR DEATH	DUE TO, OR AS A CONSEQUENCE OF  (c)  NS CONTRIBUTING TO DEATH BUT N  T ON FOR WHICH OPERATION WAS P  21b TIME OF N.JRY HOUR A.M. Month Doy Yeor	NOT RELATED TO	20a. AUTOPSY?  YES NO	<b>X</b>	206. IF YES, WERE FINI CAUSES OF DEATH?	DINGS CON		TIFYING
	rise to immediate cousstanting the underlying clost.  PART 2 OTHER SIGNIFICA  190 DATE OF OPERATION  210 ACCIDENT WAS UND OR CONTRIBUTING CAUSS (If either, notify medical 21d INSURY OCCURRED)	I 9b. CONDITION  I 9b. COND  EERLYING E OF DEATH exominer)	DUE TO, OR AS A CONSEQUENCE OF  (c)  ONS CONTRIBUTING TO DEATH BUT N  T ON FOR WHICH OPERATION WAS P  21b TIME OF N.JRY HOUR A.M. Month Doy Yeor P.M.	NOT RELATED TO	200. AUTOPSY?  YES NO    W (NJJRY OCCURRED (Er	iter nature o	206. IF YES, WERE FINI CAUSES OF DEATH?	DINGS CON		T-FYING Stote
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3	rise to immediate cousstanting the underlying clost.  PART 2 OTHER SIGNIFICA  190 DATE OF OPERATION  210 ACCIDENT WAS UND OR CONTRIBUTING CAUSS (If either, notify medical 21d INSURY OCCURRED While Not while at work 22d. I certify that (	OF DEATH exominer)  [1] (this has seed all ve above, (1)	DUE TO, OR AS A CONSEQUENCE OF  (c)  INS CONTRIBUTING TO DEATH BUT N  T ON FOR WHICH OPERATION WAS P  21b TIME OF N.JRY HOUR A.M. Month Doy Yeor P.M.  E OF INJURY (AT HOME FARM STREET, F.)  COSPITAL) attended the decease an May 20,  (we) (did) (did not) view the	PACTORY, 21f LOR bady after d	200. AUTOPSY?  YES NO    OW INJURY OCCURRED (Er  CATION Street or R F D  1 that in (my) (aur) a  leath.  ATTENDING PHYS	iter nature o	20b IF YES, WERE FINICAUSES OF DEATH?  of injury in Port 1 or  City or Town  albly 30  eath accurred an	Port 2, therefore, 19 6, the date	County  A , that ( and haur a	Stot
3	rise to immediate cousstanting the underlying clost.  PART 2 OTHER SIGNIFICA  190 DATE OF OPERATION  210 ACCIDENT WAS UND OR CONTRIBUTING CAUSS (If either, notify medical 21d INSURY OCCURRED While Not while at work 22d. I certify that (	OFFICE PLACE  Interpretation of the property o	DUE TO, OR AS A CONSEQUENCE OF  (c)  ONS CONTRIBUTING TO DEATH BUT N  T ON FOR WHICH OPERATION WAS P  21b TIME OF N.JRY HOUR A.M. Month Doy Yeon P.M.  E OF INJURY (AT HOME FARM STREET, F.)  aspital) attended the decease an May 20  (we) (did) (did not) view the	PACTORY.) 21f LOW body after d	200. AUTOPSY?  YES NO    OW INJURY OCCURRED (Er  CATION Street or R F D  I that in (my) (aur) a  leath.  ATTENDING PHYS  22e ADDRESS	No.  MED. DIRECTOR	20b. IF YES, WERE FINICAUSES OF DEATH?  of injury in Port 1 or  City or Town  aluly 30, ath accurred an	Port 2, ther  , 19 6; the date	County  A that ( and haur a	Stot (I) (we) and fram
■ED.CAI	rise to immediate cousstaining the underlying clost.  PART 2 OTHER SIGNIFICA  190 DATE OF OPERATION  210 ACCIDENT WAS UND  OR CONTRIBUTING CAUSE (If either, notify medical 21d INJURY OCCURRED While Not while at work 22d I certify that (	IPE CONDITION  IPE CO	DUE TO, OR AS A CONSEQUENCE OF  (c)  ONS CONTRIBUTING TO DEATH BUT N  TON FOR WHICH OPERATION WAS P  21b TIME OF N.JRY HOUR A.M. Month Doy Yeor P.M.  E OF INJURY (AT HOME FARM STREET, F.)  COSPITAL BUILDING, ETC.  SEPITAL OF THE BUILDING, ETC.  (we) (did) (did not) view the  ACC.  ACC.  TOTAL	reformed  21c HO	200. AUTOPSY?  YES NO    WY (NJJRY OCCURRED (Er  CATION Street or R F D  I that in (my) (aur) a  leath.  ATTENDING PHYS  22e ADDRESS	No.  MED. DIRECTOR	20b IF YES, WERE FINICAUSES OF DEATH?  of injury in Port 1 or  City or Town  a 112 30  oath accurred an	Port 2, ther  , 19 6; the date	County  8 , that ( and haur a  TE SIGNED  31, 1	Store  (I) (we) nd fram  968
MED.CALL	rise to immediate cousstanting the underlying clost.  PART 2 OTHER SIGNIFICA  190 DATE OF OPERATION  210 ACCIDENT WAS UND OR CONTRIBUTING CAUSS (If either, notify medical 21d INSURY OCCURRED While Not while at work 22d. I certify that (	OFFICE PLACE  Interpretation of the property o	DUE TO, OR AS A CONSEQUENCE OF  (c)  ONS CONTRIBUTING TO DEATH BUT N  TON FOR WHICH OPERATION WAS P  21b TIME OF N.JRY HOUR A.M. Month Doy Yeor P.M.  E OF INJURY (AT HOME FARM STREET, F.)  COSPITAL BUILDING, ETC.  SEPITAL OF THE BUILDING, ETC.  (we) (did) (did not) view the  23c NAME OF  23c NAME OF	PEGERETERY OR SE	200. AUTOPSY?  YES NO    WY (NJJRY OCCURRED (Er  CATION Street or R F D  I that in (my) (aur) a  leath.  ATTENDING PHYS  22e ADDRESS	MED. DIRECTOR  23d LC	20b IF YES, WERE FINICAUSES OF DEATH?  of injury in Port 1 or  City or Town  along 30  eath accurred an STAFF PHYS	Port 2, there  , 19 6; the date  22c. DAI	County  8 , that ( and haur a  TE SIGNED  31, 1  Storm (County)	Store  Store  Store

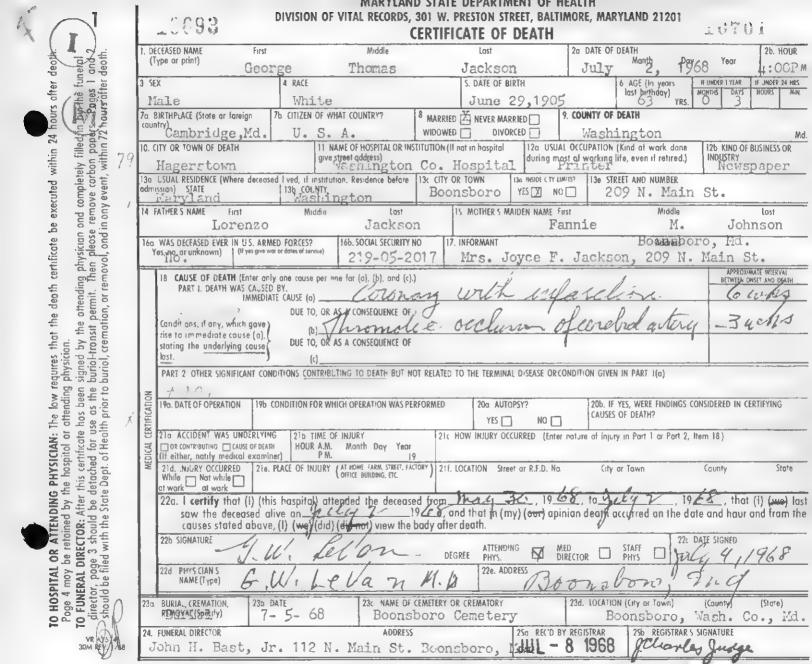
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MAKTLAND STATE DEPAKTMENT OF HEALTH







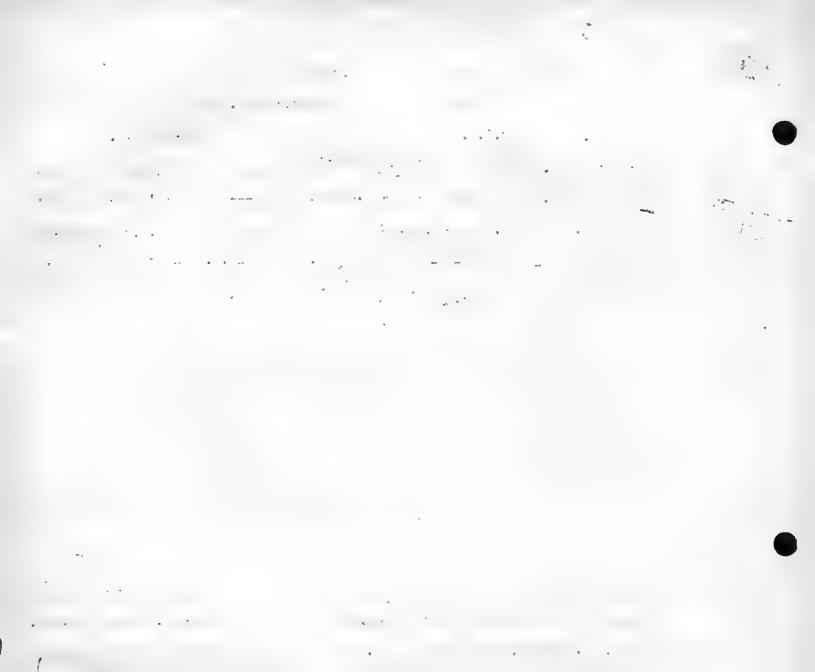
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Middle Last 2a DATE OF DEATH DECEASED NAME 25 HOUR executed within 24 haurs after death. July Manth (Type or print) MARY LOUISE JETT 3 SEX 4. RACE S DATE OF BIRTH IF UNDER YEAR SE UNDER 24 HRS 6 AGE (In years Female last britindey) Celered any event, within 72 hours at 75 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8 MARRIED MEVER MARRIED 9 COUNTY OF DEATH country) completely filled in Washington W. Va. U. S. A. WIDOWED FA DIVORCED F 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 10. CITY OR TOWN OF DEATH 120 USUA, OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddiesshington County Hosp. Housewill Hagerstewn mave carban 13a USUA, RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmiss an) STATE 13b COUNTY Washington WilliamsportYES IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle First Melvin Neuman ET La (Unknown) he law requires that the death certificate 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address I ( I ves give war or dates of service) Yes, na, ar unknown) Helen Tyler, Williamspert, Md. None burial, cremation, or remaval) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) State Dept, of Health prior to far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES PL 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No 2 d INJURY OCCURRED City or Town State County While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased fram-, and that in (my) (aur) apinian death accurred an the date and have and from the saw the deceased alive an\_\_\_\_\_ . 19 O FUNERAL DIRECTOR: causes stated above, (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 225 SIGNATURE DEGREE PHYS DIRECTOR PHYS. director, page should be filed 22d. PHYSIC: AN S NAME (Type) 22e. ADDRESS 23d. £OCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b DATE (State) (County) BREMOYAL (Ipecify) Riverview Cometery July 26-68 Williamsport Wash. Md. 24 FUNERAL DIRECTOR 30M REV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH First Last 2b. HOUR DECEASED-NAME Month (Type or print) FRANK KAISS THOMAS JULY burial-transit permit. Then pleas Temove corban popers. Pages 1 burial, cremation, or remavol, and in any event, within 72 hours after DATE OF BIRTH 3 SEX 4 RACE 6. AGE (In years IF UNDER I YEAR executed within 24 hours after last\_birthday) 1935 WHITE SEPTEMBER 25 MALE 7b. CIT ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign MARRIED TO NEVER MARRIED country) MARYLAND WASHINGTON U.S.A. DIVORCED [ completely fitled 120 USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 26. KIND OF BUSINESS OR HAGERSTOWN 130 JSUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 3d. INSIDE CITY L MITS? 13e STREET AND NUMBER 136. COUNTY WAS HAGERSTOWN PANGBORN BLVD. 14. FATHER S NAME Last IS. MOTHER'S MAIDEN NAME First First Middle Lost SWAIN KAISS KAISS AUTUMN FRANK physician 16b. SOCIAL SECURITY NO BIVD. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Addres ANG BORN 218-30-9545 HAGERSTOWN, MARYLAND 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Conditions if only, which gave rise to immediate cause (a) signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the Stote Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 Item 181 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21F LOCATION Street or R.F.D. No. 21d INJJRY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this shoroital) attended the deceased from John 1960, and that in (my) (box) opinion death accurred an the date and haur and from the causes stated abave, (1)-twe) (did) (did met) view the body after death 22b SIGNATURI 22r. DATE SIGNED DIRECTOR 22e. ADDRESS NAME (Type) POTOMAC AVE. HAGERSTOWN. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION (County) (Stote) 1968 VIEW CEMETERY RECD BY REGISTRAP 1968 24 FUNERAL DIRECTOR **ADDRESS** UG HAGERSTOWN MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Erst M-ddle Last 20 DATE OF DEATH (Type or print) Edna Mag Karper tely filled in by the fund ban papers. Pages 1 o within 72 hours after d 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR executed within 24 haurs after last birthday) DEVS Female White December 24th 1895 7a 81RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [ ] NEVER MARRIED country) U.S.A. Penna. Washington Co. WIDOWED TO DIVORCED 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Garlock Nursing 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of work ng life, even if retired )
Housekeeper wan Home
19506 CITY LIM TS? 13e STREET AND NUMBER ely f Md. Hagerstown Home 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 36. INSIDE CITY LIM TS? director, page 3 shauld be detached for use as the burial-transit permit. Then please reminiaged should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eveg Penna. 13b COUNTY Franklin Chambersburg NO SE 725 Philadelphia YES TO Age. Middle 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First First Lost 900 Lost 00000 Mary requires that the death certificate be Ever Sellers Example physician ( nen please 16b SOCIAL SECUR TY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give war or dates of service) 206-36-0783J1 Yes, nazer unknown) Jay E. Karper .- R.R. #2. - Fayetteville Pa. 18. CAUSE OF DEATH (Enter only one cause per line for (9), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4/20 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Page 4 may be retained by the hospital or attending 442 has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [ O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M Month Doy Year If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21d. INJURY OCCURRED 21f, LOCATION Street or R.F.D. No. City or Town County State While Not while at work , and that in (my) (our) apinian death accurred an the date and have and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Lown) 23a BURIAL, CREMATION (County) (Stote) REMOVA. (Specify) 7/20/1968 Norland Cemetery Chambersburg-Franklin Co.-Pa. 2So REC'D BY REGISTRAR 25b REG STRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Robert G.Sellers, Chambersburg DATISJUL 18 1968 30M REV 1/68 Pa. 17201



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 1 DECEASED-NAME Middle 20. DATE OF DEATH 26. HOURTO purial-transit permit. Then please remave carbon papers. Pages 1 and 2 burial, cremation, ar removal, and in any event, within 72 haurs after death executed within 24 hours after death funeral (Type or print) Marv Μ. Kavlor July 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER YEAR lost birthpay) DAYS HOURS July30 1883 female white 7o BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED Maryland .≘ USA DIVORCED [7] campletely filled in nave carbon paper WIDOWED [7] Washington TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.)
School Teacher give street oddress) INDUSTRY Wash. County Hospital Hagerstown Public School 13a USUAL RESIDENCE (Where deceased fived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Wash. NO X Md -Hagerstown R.F.D. 14 FATHER'S NAME Middle Lost IS MOTHERS MAIDEN NAME First Charles E. Kaylor Nancy Emmert 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT If yes give war or dates of service) Yes, no, or unknown) 220-44-4181 Mrs. C.L. Stouffer Hagerstown, Md. attending phys 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) Myocardial infarction BETWEEN ONSET AND DEATH than DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave) (b) Arteriosclerotic heart disease with Indefinite rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF chronic valvular heart disease. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Pulmonary fibrosis and pulmonary emphysema, bilateral Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to 1 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? Yes YES. NO F 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR ATTENDING PHYSICIAN: be retained by the haspital or 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Yeor P.M (If either, notify medical examiner) 2 TE PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work NOV. 22a. I certify that (I) (this hospital) attended the deceased from 1900, and that in (my) (aur) apinion death occurred an the date and hour and from the couses stated above, (I), (we) (aid) (did not) view the body ofter death. 22c DATE SIGNED 22b SIGNATURE DEGREE DIRECTOR L PHYS PHYS 148 West Washington Street 22e ADDRESS 22d. PHYSICIAN S NAME (Type) B. B. Kneisley, M.D. Hagerstown, Maryland 23d. LOCATION (City or Town) 23b, DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) Hagerstown, Md 7-8-1968 BeaverCreek Cemetery 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 1968 Minnich Funeral Home Hagerstown, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ~111 CERTIFICATE OF DEATH DECEASED-NAME Middle last 2g. DATE OF DEATH pertificate be executed within 24 hours after death. (Type or print) Raymond William Knode 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IE UNDER 24 HRS. last birthday) HOURS white 2-19-1905 male 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland signed by the oftending thysicial and completely filled in burial-transit permit. Then please remove carbon papers, burial, cremation, or removal, and in any event, within 72 h Washington USA WIDOWED | DIVORCED | completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working ofe, even if retired)

Mechanic Tractor Hagerstown Wash. County Hospital 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b COUNTY Md. Wash. Fairplay R.F.D. 14 FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First M.ddle First Middle William Knode Ella Speaker 16b SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no ar unknown) (If yes give war at dates of service) 214-09-2736 Mrs. Ethel H. Knode Fairplay, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c))
PART I DEATH WAS CALSED BY Atherosclerotic Heart Disease (History of BETWEEN ONSET AND DEATH requires that the desta IMMEDIATE CAUSE (0) \_\_ Acute Coronary Occlusion 1967) 1½ Hears DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. 46 20 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Pulm. Emphy sema Atherosclerosis Cerebral & Generalized: Aneurysm Abdominal Aortic. director, page 3 should be detached for use os the should be filed with the Stote Dept. of Health prior to 119b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO DE TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Not while at work 220. I certify that (I) (this hospital) attended the deceased fram July 20, 1968, to July 23, 1968, that (I) (We) lost saw the deceased alive on July 20, 1968, and that in (my) (ww) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did not) view the bady after death. 22c DATE SIGNED July 23 68 DEGREE PHYS DIRECTOR 22. ADDRESS rof Arts Bldg. Hagerstown, Md. Layman, M.D 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL, CREMATION, (County) (Stote) REMOVAL (Specify)
Burial Bakersville Cemetery Bakersville, Md. 7-25-68 250. REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Acharles Judge DATEUL 2 6 1968 Minnich Funeral Home Hagerstown, Md. 30M REV



	1	MARYLAND STATE DEPARTMENT OF HEALTH  TO GO OF DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	not you
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	( A
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN   Month	Doy Co 257HOJR
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Page	3 5	SEX 4 RACE S DATE OF BIRTH 6 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 2c, DATE PRONOUNCED DEAD	2d HOUR
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L, 2, m P Depa		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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This certificate should be executed within 24 hours after death any icate, writing the ward "pending in pencl in Item 18. Give Pages 1, 2, be farwarded to the Chief Medical Exam ner's Office along with farm P is be used as a burial-transit permit. File pages I and 2 with 51ate Depagramental, and in any event within 72 hours after leath	L	HAGERSTOWN 9" 63" SERIGHTWOOD DRIVE CHIEF MECHANICAL	OFF ICER
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24 hours after d in item 18. Give r's Office along w es land 2 wenth ris after death	14.	FATHER'S NAME FIRST MIDDINE LOST IS MOTHER'S MADEN NAME FIRST MIDDINE MIDDINE MIDDINE FIRST MIDINE FIRST MIDDINE FIRST MIDDINE FIRST MIDDINE FIRST MIDDINE FIRST MIDDINE FIRST MIDINE FIRST M	HUFFORD
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id with per limber lexare. File in 72		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
te should be executed the ward "pending in I to the Chief Medical E. a burial-transit permit. F nd in any event within		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Occlusion Right Coronary Artery	Instant
exe endi i Me it pe		7 / 0 9 DUE TO, OR AS A CONSEQUENCE OF	
d "be d "p Chie rrans		nse to immediate cause (a).	veral years
war war the rial-(		the state of the s	
the to to he in the indirection of the indirection		PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE OR CONDITION GIVEN IN PART 1(c)	
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veriti veriti reva nava	CATIO	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his arte, be to be to	CERTIFICATION		YES NO
=	SALC	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M 21b TIME OF INJURY Month, Doy, Year HOUR A M 19	n 18 )
MINER the cer t shau r files.	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R. F.D. Na. City at Town	Caunty State
CAM re th le 4 /our oge crem		WHILE NOT WHILE of foctory, office building, etc.)  AT WORK AT WORK	· ·
ICAL EXA Execute for. Page ed for you CTOR: Pog burial, cre		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inspection 🗍, Inquiry 🗌	and in my apinian
director.  DIRECTO		death resulted fram: Natural causes 🔣, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner [	
dire dire		ACTUAL ACTUAL CHIEF MEDICAL EXAMINER 22b DATES	Tourn
JTY Iny, leroll be r RAL		SIGNATURE MD. DESIGNATION OF THE PROPERTY OF T	29. 1968
O DEPUTY necessary, p the funeral S may be r O FUNERAL Health price		EXAMINER'S  NAME (Type) Dr. E. W. Ditto Jr. 215 W. Wa ADDESS(Siget aty. county)	Md.
10 To L	230	BURIA, CREMATION 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City of Town)	(County) (State)
		BURIAL 7/30/68 CEDAR LAWN MEM. GARDENS HAGERSTOWN V	
VR ATSME (5)	. 24	FUNERAL D RECTOR  ADDRESS  250 RECD BY REGISTRAR 255 REGISTRAR'S S  DATE ALIC 1 1968	
10M REV 1/68 \$	1	V. J. Rosment Magasslown Med. DATE AUG 1 1968 Pelias	1



MARYLAND STATE DEPARTMENT OF HEALTH 19700 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 OECEASED NAME Middle 2a. DATE OF DEATH (Type or print) Manth Harrison Leonard Leggett Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in brane Jur director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers Page 1 should be filled with the State Dept. at Health priar to burial, crematian, ar remaval, and a nany event, within 72 hours after A RACE S. DATE OF BIRTH 3 SEX 6. AGE (In years IE LINDER I YEAR last perthday) Male White March 2, 1890 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Boonsboro, Md. U. S. A. WIDOWED [ DIVORCED [7] Washington The law requires that the death certificate be executed within 24 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR washington Co. Hospital during most of working life, even if retired.) INDUSTRY Farming Hagerstown 13a USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c, CITY OR TOWN 13d INSIDE CITY LUMITS? 13e STREET AND NUMBER 13b COUNTY Washington YES 7 Boonsboro 301 S. Main St. 14 FATHERS NAME 15. MOTHER'S MAIDEN NAME FIRST William Leggett Parks Sarah 13 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

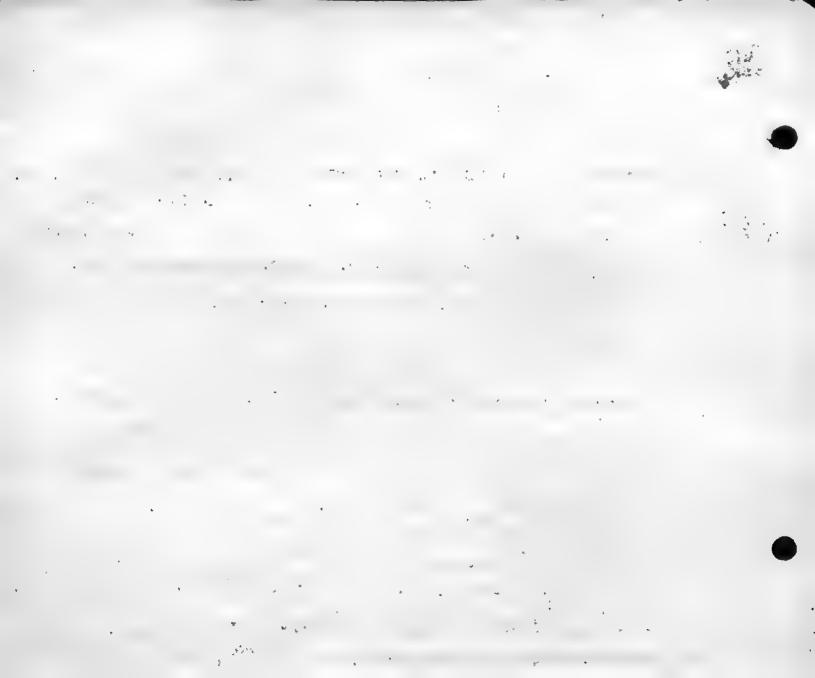
"Yes, no. or unknown) | (If yes give war or dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT Adsonsboro, Md. Yes, na, or unknown) 213-50-4900 Mrs. Vm. H. K. Leggett, 301 S. Main St. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) BETWEEN ONSET AND DEATH PART! DEATH WAS CAUSED BY IMMEDIATE CAUSE (d) Arteriosclerotic heart disease with Indefinite OUE TO, OR AS A CONSEQUENCE OF COronary artery disease and Conditions, if any which gave ) congestive failure rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a) Pulmonary emphysema and fibrosis, chronic 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 90 DATE OF OPERATION 19b. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO CKI 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING (AUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year P.M. 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town (dunly State While Nat while at wark 22b SIGNATURE 22c DATE SIGNED **ATTENOING** MED.
DIRECTOR □ July 5,1968 DEGREE 22e. ADDRESS 148 West Washington Street Hagerstown, Maryland 22d. PHYSICIAN'S B. B. Kneisley, M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 23a. BURIAL, CREMATION (County) PHANDYAL (Specify) Wash. Co., Md. Boonsboro. 7- 4- 68 Boonsboro Cemetery 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 2Sq REC'D BY REGISTRAR John H. Bast, Jr. 112 N. Main St. Boonsboro, Md ONIUL - 9 1968



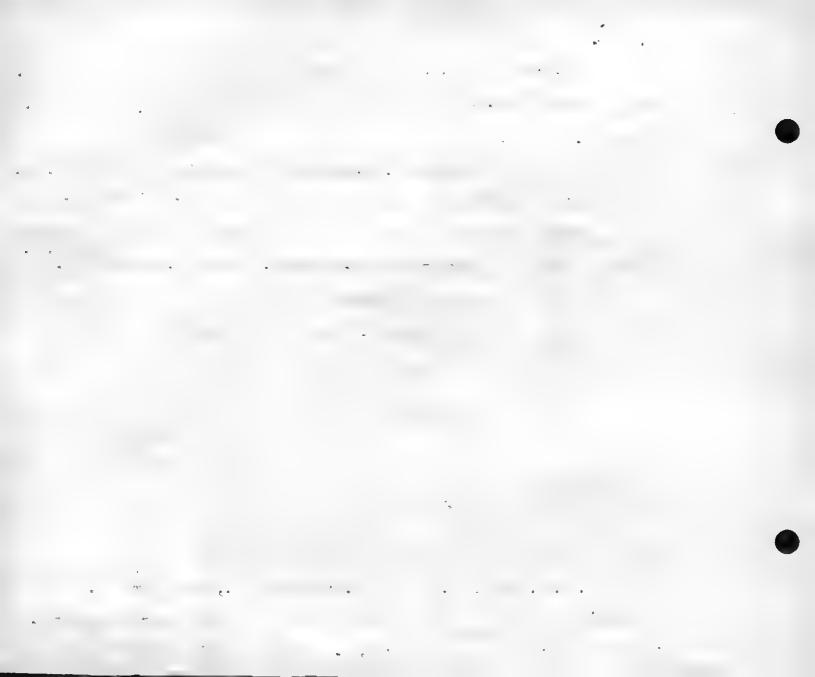
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120.	*00
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13.7
I DECEASED NAME First Middle lost 20 DATE KNOWN Month (Type or Print)  OF ESTI-	Doy Yeor 2b HOUR
EX PAUL JOHN LOVINSKI DEATH MATED JULI	25 19687:15M
3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years if UNDER 14 HRS 2c DATE PRONOJNCED DEAD lost birthdoy) MONTHS DAYS HOURS MINI MONTH STATE DOY	Yeor 68 7-16
MALE WHITE JUNE 13, 1968 - YRS I 12 JULY 25	yeor 19 68 7:15
70 BIRTHPLACE (Stote or foreign   70 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH  COUNTRY) MARYTAND   ITSA   WIDOWED   DIVORCED   TJASHTNOTON	
THAT I THE TOTAL T	Md. 12b K ND OF BUSINESS OR
HAGERSTOWN 25 LAUREL STREET during most of working life, even if retired)	INDUSTRYO.
130 SUAL RES DENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d IMSIDE CITY LMITS? 13e STREET AND NUMBER admission) STATE 13b (0.16TY	
odm ssion) STATE MARYLAND 13b (OUNT) WASHINGTON HAGERSTOWN YES X NO 25 LAUREL STRE	<u> </u>
14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
	JPINETTI
(Yes no or Loknown)   (8) yes mine white of services	REET MARYLAND
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY  MMEDIATE CAUSE (0) Pulmonarry Conception & Edoma	Several
MMEDIATE CAUSE (o) Pulmonary Congestion & Edema DUE TO, OR AS A CONSEQUENCE OF	minutes
Conditions, if ony, which gove tise to immediate couse (a), (b) Aspiration Of Vomitus	
storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
(d) Adrenal hypoplasia	<u> </u>
PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  2.0 EXTERNAL CAUSE WAS 216 TIME OF IN. URY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 2, its	20. AUTOPSY?
THE TENTANGO?	YES NO
2.0 EXTERNAL CAUSE WAS 2.0 EXTERNAL CAUSE WAS 2.0 EXTERNAL CAUSE OF DEATH 2.10 HOUR A.M. 2.10 TIME OF INJURY Month, Doy, Year 4.10 HOUR A.M. 19 2.11 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.11 HOURY OCCURRED (2) PLACE OF No. 21 HOUR A.M. 2.11 HOURY OCCURRED (2) PLACE OF No. 21 HOUR A.M. 2.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port 2, its 4.12 HOW (NJURY OCCURRED (Enter nature of injury in Port	em 18)
City of the first the firs	County State
AT WORK AT WORK	
22a <b>I certify</b> that I taak charge of the remains described above, held on Autapsy 🔀 Inspection 📋, Inquiry 🗀	- 1
death resulted fram: Natural causes 🛣, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined manner	
ACTUAL CHIEF MEDICAL EXAMINER C	
SIGNATURE ASSISTANT MED. CAL EXAMINER LIZED DATE:	SIGNED Y 26, 1968
	20, 1900
EXAMINER'S NAME (Type) E. W. DITTO, JR. M. D. 215 W. WASHADDRESS(Street, city, town, or county HAGERSTOW	AIM , IND.
NAME (Type) E. W. DITTO, JR. M. D. 215 W. WASHADDRESS (Street, city, town, or county) HAGERSTOW  230 B.RIAL, CREMATION PEMOVA (Sour fu)  230 DATE  230 DATE  230 DATE  230 DATE  230 LOCATION (City or Town)	(County) (State)
NAME (Type) E. W. DITTO, JR. M. D. 215 W.WASHADDRESS(Street, city, town, or county) HAGERSTOW  230 BLRIAL (REMATION REMOVA, (Spec fy) BURIAL  7/26/68  REMATICAL ROSE HILL CEMETERY HAGERSTOWN WASH	(County) (State) HINGTON MD.
NAME (Type) E. W. DITTO, JR. M. D. 215 W. WASHADDRESS (Street, city, town, or county) HAGERSTOW  230 B.RIAL, CREMATION PEMOVA (Sour fu)  230 DATE  230 DATE  230 DATE  230 DATE  230 LOCATION (City or Town)	(County) (Store) HINGTON MD. SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR D Last 1. DECFASED-NAME First Middle 2a. DATE OF DEATH (Type or print) Month Helen Main July Rebecca buriol, tremation, or removal, and in any event, within 72 hours ofter de 3. SEX 4. RACE IF UNGER 1 YEAR E . INDER 24 HRS S. DATE OF BIRTH 6. AGE (in years within 24 hours after last birthday) MONTHS I DAYS L/8/0L White Female 7a BiRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED country) WASHINGTON WIDOWED [7] DIVORCED [ Maryland 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA. OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR a ve street oddress) during most of working ife, even if retired)
Factory Worker INDUSTRY HAGERSTOWN WESTERN MD. STATE HOSPITAL Organ. Mfg. 13a. USJAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d. INS OF CITY LIMITS? 13a STREET AND NUMBER executed odmission) STATE Maryland 1055 Jefferson St. Washington Hagerstown YES NO 🗍 14 FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last S. Haller Webster Wade Ida requires that the death certificate be Emory 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war at dates of service) Yes, no, or enknown) 211-09-5810A Mr. Floyd C. Main Hagerstown, Md. APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Terminal Carcinomatosis of rectum 17 months DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause last. 1 1 4 x PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to t Metastasis to lungs, massive; Hydronephrosis, left kidney; Diabetes mellitus os the 205 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? ed for use of Health p YES 5 **DEUNERAL DIRECTOR:** After this certificate director, page 3 should be detached for us should be filed with the State Dept of Healt 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year PM (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town County Stote While Not while at work 220 | certify that (I) (this kaspital) attended the deceased from April 1, 19,68, to July 14, 19,68, that (I) (1966) last saw the deceased alive on July 14, 19,68, and that in (my) (809) opinion death occurred on the date and hour and from the causes stoted above, (I) (wat (did) (did not) view the body ofter death 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR July 15, 1968 or cum cula PHYS 220 APDRESS Western Maryland State Hospital 22d PHYSICIAN'S 1500 Pennsylvania Ave., Hagerstown, Md. Fe U. Porciuncula, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b, DATE (County) (State) 23a BUR AL, CREMATION RWOAY (BOLLA 7-17-68 Rose Hill Cemetery Hagerstown, Md 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 Minnich Funeral Home Hagerstown, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH\_DEPT. First 1. DECEASED-NAME 2n. DATE KNOWN 68 (Type or Print) ESTI Edward Lawrence Martz 19 DEATH MATED delay 6 AGE (In years 3 5EX 4 RACE S DATE OF BIRTH IE LINDER 24 HRS 2c DATE PRONOUNCED DEAD Month Year White Sept. 6. 1915 Male 168 YRS 7a. BIRTHPLACE (State or fareign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH W DOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address during most of working life, even if retired.) GIVE 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN death 213 N. Cleveland Ave. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Kathleen Beuserman Martz Howard ARMED FORCES? 17 INFORMANT Hagerstown Md (Yes, no of unknown) 213 N. Cleveland Ave. Mrs. Dorothy 214-09-5427 File 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN DNSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Coronary Occlusion Instant DUE TO, OR AS A CONSEQUENCE OF Several Conditions, if any, which gave " (b) Arteriosclerotic Cardio Vascular Disease vears rse to immed ate couse (a), word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO T YES 🔲 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of noury in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) NOT WHILE I AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection [K] Inquiry and in my opinion deoth resulted from: Noturol couses 30 Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER July 8, 1968 5 moy TO FUNE Health Rest Haven Cemeter REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE Munica Rest Haven Funeral Chapel Hagerstown, Md.

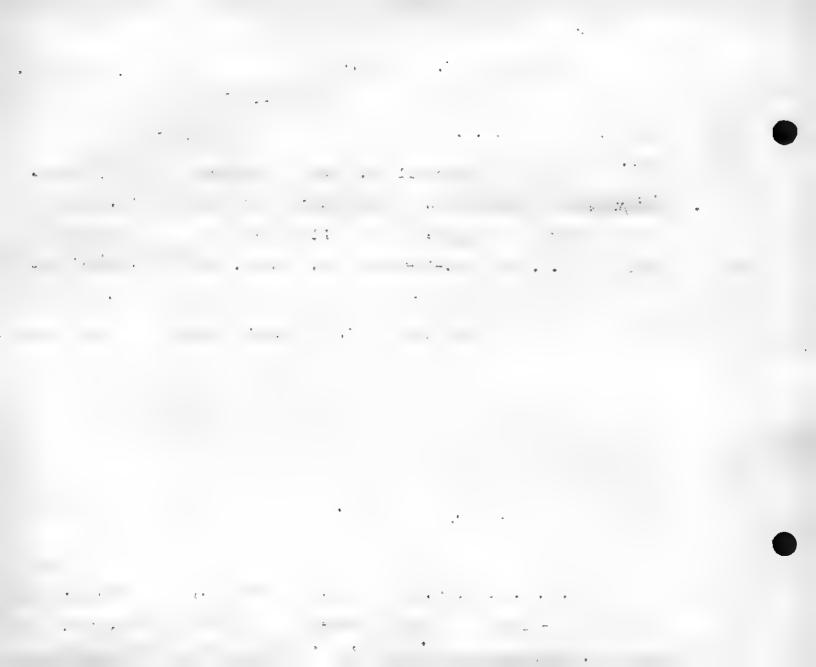


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First M ddle 2o. DATE KNOWN Month (Type or Print) Madonna Jeanne Mc Dade DEATH MATED & July 22. 1968 4 RACE 6 AGE (In years F JNDER 24 HRS 3 SEX S DATE OF BIRTH F JNDER + YEAR 2c DATE PRONOLINCED DEAD Yeor White May 9,1946 Female 76. CITIZEN OF WHAT COUNTRY? 70 B RTHPLACE (State or fareign MARRIED NEVER MARRIED 9 COUNTY OF DEATH Cumberland USA Washin ton W DOWED DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUT ON ( f not in hosp tol 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR dur ng mast of working life, even if ret red.) 2 Mi. V. Clear Spring Clear Spring 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY Allegany Cumberland YES NO [] 31d Williams St. and 2 14 FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Michael F. Mc Dade Margaret Anna Laing िन हो। ला 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT be executed within (Yes, na, ar unknawn) Mr. Michael F. McDade, Cumberland, 11d. no Elle 72 event within 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Entire Face Crushed (Fractured Skull) Instant DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Conditions, if ony, which gove a (b) Multiple Fractures Of Left & Right Ribs. rise to immediate couse (a), & certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse = PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) S 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO FR YES T 96 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJRY OCCURRED (Enter nature of neury in Part 1 or Part 2, Item 18) PRIMARY OR CONTRIBUTING 6:50 July 22 19 68 Car swarved from road hitting rear of 21e. PLACE OF NURY (At home, form, street, strandon geet ractor traines we (ounty CAUSE OF DEATH Stote foctory, office building, etc.) WHILE AT WORK AT WORK I AT WORK I U. S. 70 2 wile West of Clear Spring, Washington, Md. 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , ond in my opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER July 22, 1968 5 moy 70 FUNE Health Dr. E. W. Ditto. Jr. 215 W. Washington Sty, Hagerstown, Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, (REMATION, 23d LOCATION (City or Town) REMOVER (Specify) July 26,1968 St. Mary's Cemetery Cumberland, Alle, any, Md. 250 RECD BY REG STRAR 25b REG STRAR S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. VR ALSME



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 20. DATE OF DEATH 2b. HOUR Pages I and 2 ars after death. I. DECEASED-NAME Middle 24 hours after death. funerol : July (Type or print) McNamee George 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR 3. SEX White Male last burthday) MONTHS DAYS April 7,1889 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? "Maryland U.S.A. Washington WIDOWED [ DIVORCED [T] 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR be executed within signed by the attending physic on and completely fill buriol-transit permit. Then please remove carbon burial, cremotion, or removal, and in any event, within during most of working life, even if retired) give street address) INDUSTRY Hagerstown, Retires Marshall 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c CITY OR TOWN 13b COUNTY odmission) STATE Marshall Maryland 3 Hagerstown 15 MOTHER'S MAIDEN NAME First Crawford Elizabeth Calvin McNamee NFORMANI Hagerstown
Mrs. Anna J. McNamee, Mar. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT physic plant Md Yes, no, or unknown) 219-12-2249 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Several days IMMEDIATE CAUSE (a) Pneumonitis DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) (b) Arteriosclerotic Cardio Vascular Disease Several years nse to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the Store Dept. of Health prior to burial, crea stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, not ly medical examiner) P.M 216. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work \_\_\_\_\_, 19<u>67</u> , to July 12. \_\_\_\_, 19<u>68</u> , that (I) (we) lost 220. I certify that (I) (this hospital) attended the deceased from Doo 1, 1967, to July 12, 1968, that (I) (we) lost sow the deceased alive an July 9, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING MED. DIRECTOR STAFF DEGREE PHYS PHYS 22a. ADDRESS 22d. PHYSICIAN S NAME (Type) Washington St. 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23g BURIAL CREMATION REMOVAL (Specify) Manor Cemetery Tilghmanton Wash 7/14/68 Hagerstown, Md. 24. FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR Ocharles VR A15 (4) 1968 30M REV 1/68 Andrew K. Coffman Funeral Home. Inc.

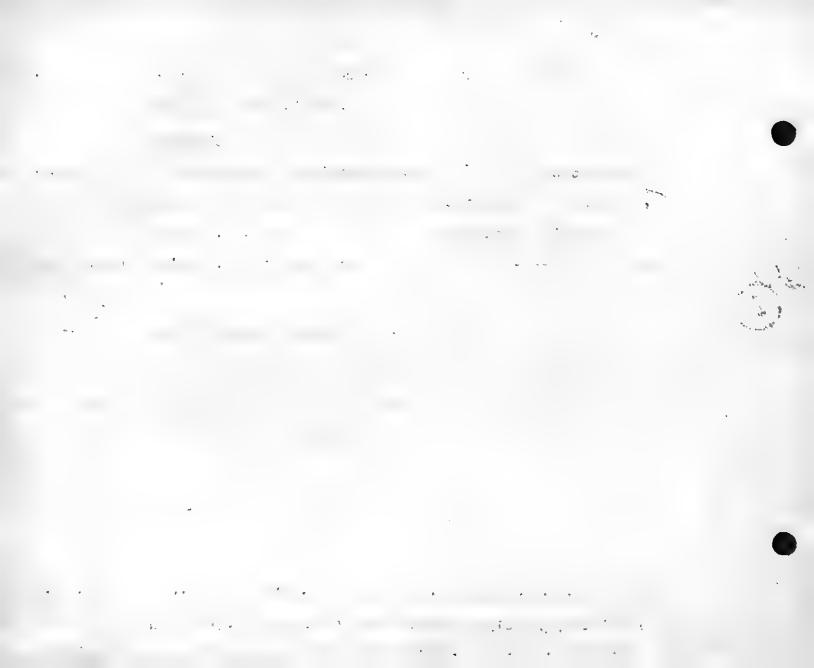


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phy:					NE MILLER, HAGERSTOW	N. MARY LAND
ng Ling	'	18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line for (o), (b), and (c)	1		BETWEEN ONSET AND DEATH
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and sign of the state of the st		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT !	TOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(0)	
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e la tend os prio	3	196. DATE OF OPERATION 196 C	ONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	DINEKEN IN ESKIILLING
Trot of the second	CERTIFICATION	21a ACCIDENT WAS UNDERLYING	TON TIME OF IN HIDY	YES NO	7	103
AN: olo olo icot for Hec		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year		Enter noture of injury in Port 1 of Port 2, Ite	im 18.)
SIC Spirit Spiri	MEDICAL	(If either, notify medical examin 21d, INJURY OCCURRED 21e.	er) P.M.	GOOV & OUT LOCATION CANADA DE D	Al-	County State
Page 4 may be retained by the hospital or ottending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full director, page 3 should be detacted for use as the burial-transit permit. Then please remove corban papers. Pages should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the corporation.	ľ		PLACE OF INJURY (AT HOME, FARM, STREET F.			
NG the deed tate		22a. I certify that (I) (MX	strospital) ottended the deceas	ed from 7/3/68, 1	9, to	, that (I) (冰畝 lost
NND ed to the S		saw the deceased of	ive on	19 6 P, and 1Kot in (my) (our)	opinion deoth occurréd on the dot	and hour ond from the
THO Sold the	ı	22b. SIGNATURE	(i) (we) (did) (did not) view the	, body otter death.		ATE SIGNED
REC 3 s	ı	220. SIGNATURE	- Marian	DEGREE PHYS	MED STAFF	19/68
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RAIL Per Part			RD N. WEEKS, M.D.		HERN AVE., HAGERSTOWN	N, MARYLAND
O HOSPITAL OR ATTENDING Poge 4 may be retained by the CHUREAL DIRECTOR: After director, poge 3 should be dishould be filed with the State	230.	BURIAL CREMATION. 23b. D		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (5tate)
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₩ F F KIA	24.	FUNERAL DIRECTOR	ADDRES	250 REC	D BY REGISTRAR 25b. REGISTRAR 5 5	IGNATURE
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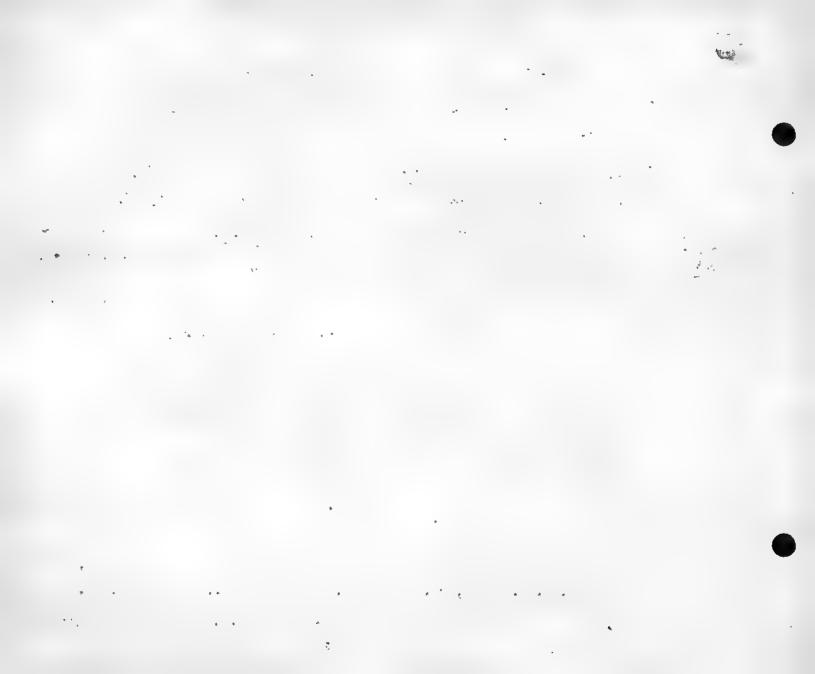


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X	VIII I		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7			Item#17, FilmG402 7/11/58 km CERTIFICATE OF DEATH
	£ _ ~ £		ECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b HOUR
	eral and leat	(1	Type or print) Emmert Roy Niswander July 4 1968 Von. M
	er d	3 51	EX 4 RACE S DATE OF BIRTH 6 AGC ( n years IF JNDER 17 EACH ARS
	aft aft		maje white may 10, 1882 lost birthday) MONTHS DAYS HOURS MIN
	or Page	70	BURTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 WARRIED TO STOTE OF DEATH
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	low requires that the death certificate be executed within 24 haurs after death nding physician.  been signed by the attending physician and campletely filled in by the funeral sthe burial-transit permit. Then please remave carban papers. Pages 1 and 2 site burial, crematian, or remaval, and in any event, within 72 hours after death		136 (CUNTY Inshington) STATE NO POLITE # 18
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	and and in a		Martin Niswander Elizabeth Meyers
	# 1 8 8 E	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT A CONTROL Address of Ad
			(es, no, or unknown) (If yes give wor or dates of service) 2/4-09-9229 Myd 15-W1 HH
	E 50	H	APPROXIMATE INTERVAL
	th diag		18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
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	e lo tend tend tend tend tend tend prio	IG	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  206. AUTOPSY?  207. AUTOPSY?  CAUSES OF DEATH?
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	AN. al a icat icat for Hec	N N	TOR CONTRIBUTING TEAUSE OF DEATH HOUR A.M. Month Day Year
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	OR ATTENDING PHYSICIA be retained by the haspital SIRECTOR: After this certific e 3 shauld be detached fa ed with the State Dept, of H	2	21d INJURY OCCURRED While Not while 1 21e PLACE OF INJURY (AT HOME, FARM, STRETT, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
	de d		lot work and of work and the second
	by After Sta		220. I certify that (I) (this hospital) attended the deceased from 120, 1900, 1900, 1900
	Ped Held		220. I certify that (I) (this hospital) attended the deceased from Feb. 1966, to July 1, 1968, that (I) (we) lost sow the deceased alive an April 20, 1968, and that in (my) (our) april death accurred on the date and hour and from the courses stated above, (I) (me) (and (did not) view the body after death.
	Te di Stati		22b SIGNATURE 22c DATE SIGNED
	d w		DEGREE PHYS DIRECTOR STAFF DIRECTOR JULY 5, 1968
	AL D Sogge file		22d PHYSICIAN'S 22e ADDRESS
	ERA ERA ERA		NAME (Type) Dr. E. W. Ditte, Jr. 215 W. Washington St., Hagerstown, Md.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remane carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.	230	BURIAL CREMATION 23b DATE / 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	55.5 4 4		REMOVAL (Specify) 2/7/1968 Broadfording Comptery Wischington Co Mcl.
	VR ALS EST	24.	FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 256 REGISTRAR S SIGNATURE
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	.0710	DIVISION OF VITAL RECORD	CERTIFICATE OF		MAKTLAND ZIZUI	718
DECEASED (Type or		Middle FRANK NUCKOLS	Lost	20 DA Jul	te of Death Ly 30, 1968 Day	Year 1:50PN
agge 25 2 g g g g g g g g g g g g g g g g g g g	М	4 RACE Cef	S DATE OF B	6,1882	6. AGE (In years last burthday) 86 YRS.	FUNDER YEAR IF UNDER 74 HRS. MONTHS DAYS HOURS MIN
canuta)		76 CITIZEN OF WHAT COUNTRY?		RCED Wash	ny of DEATH	Md
Hage	rown of DEATH	give street oddress) V.ashingtor	INSTITUTION (If not in haspital County Hospi	tal	ATION (Kind of work done rking life, even if retired )	12b KIND OF BUSINESS OR INDUSTRY
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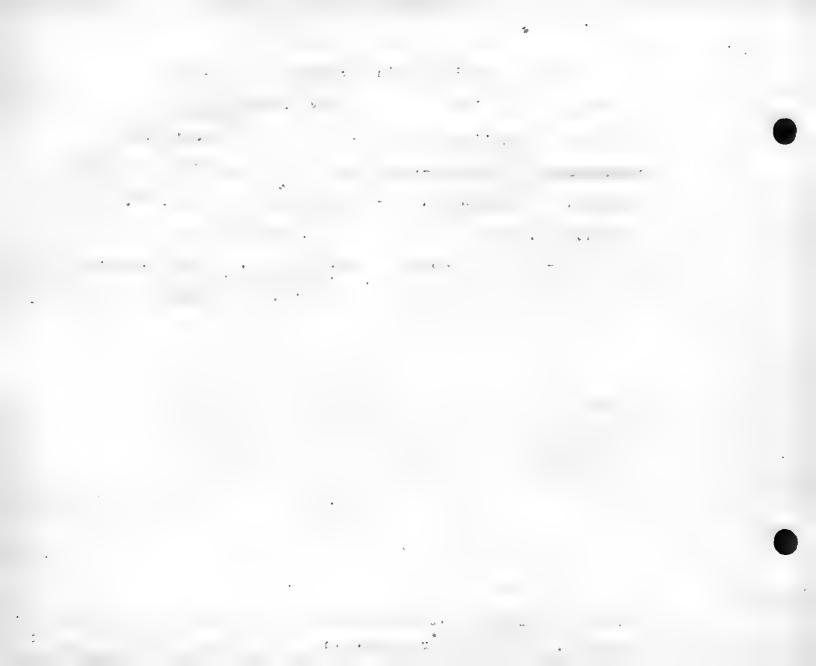
. 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(1/5)		10715 CERTIFICATE OF DEATH
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R ATTE retains EECTOR 3 should with the		couses/stated above, (I) (we) (did) (did not) view the body ofter death.  22b SIGNATURE  DEGREE PHYS  DEGREE
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O HOSPITAL Page 4 may O FUNERAL I director, pag	23a	PURIAL, CREMATION, 23b, DATE // 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) / (County) , (Stote) / 1
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MARTLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR death and (Type or print) July Manth Yeor after deat funeral 1968 (Mollie) Bain Prather Marv burial, crematian, ar remaval, and in any event, within 72 haurs after F JNDER 24 HRS. 3 SEX A RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR last birtheay) ZHTHDM Female White Nov 13 1868 YRS. 9. COUNTY OF DEATH 70 81RTHPLACE (State or foreign 7h CITIZEN OF WHAT COUNTRY? B. MARRIED | NEVER MARRIED (ountry) 9 Baltimore CityWIDOWEDXX DIVORCED [ Washington Maryland 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12g USUAL OCCUPAT ON (Kind of work done 126 KIND OF BUSINESS OR q ve street oddress)
Fabrney-Keedy Home during that of working life even if retired ) Own Home wither physician and campletely i Bagasbore 13d INNITY CITY LIM TS? 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN The law requires that the death certificate be executed 13b COUNTY St Main Cleasr Maryland 14. FATHER'S NAME First M ddle Last IS. MOTHER'S MAIDEN NAME First Middle Louisa Miller Francis 16b. SOCIAL SECURITY NO 17 INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) (If yes give war or dates of service) None Hebb Rd attending phys Dr Richard B. Prather APPROXIMATE INTERVA Md 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) (b) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been Health prior to for use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES T NO T TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem 18.) OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year director, page 3 should be detached f should be filed with the State Dept of P.M (If either, notify medical examiner) (AT NOME, FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION City or Town State While Not while Street or R.F.D. No. County 22a. I certify that (1) (this hospital) attended the deceosed from 1966, and that (1) (our) opinion decen occurred on the date and hour and from the ot wark 22b SIGNATURE DEGREE PHYS DIRECTOR PHYS 22e ADDRESS TO HOSPITAL 22d PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (State) 230 BURIAL CREMATION 23b. DATE (County) Pauls Cemetery near Clear Spring Wash Co Md TOWN HIM OADDRESS RECD BY REG STRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1188 CoffmanFfuneral Home Inc 1968 10

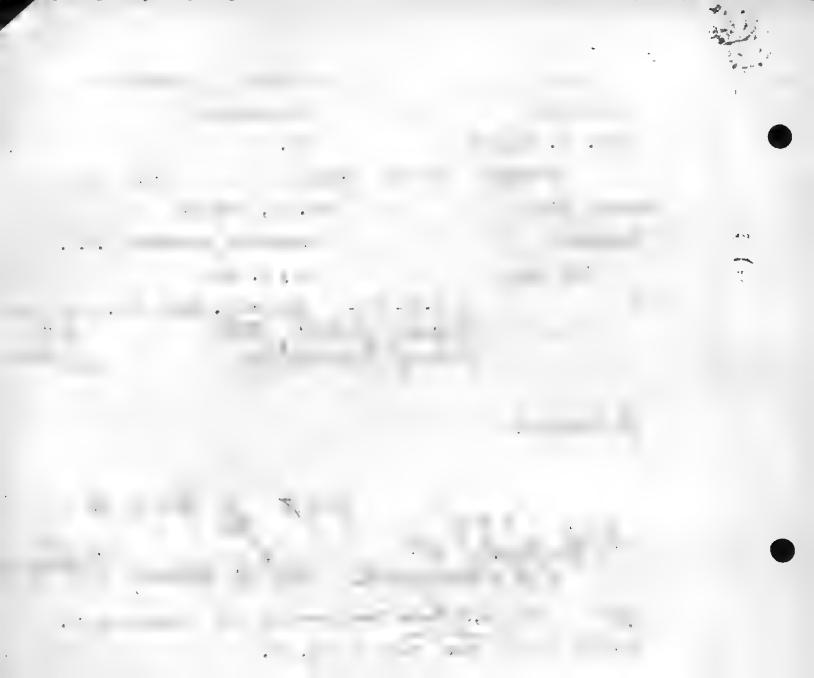


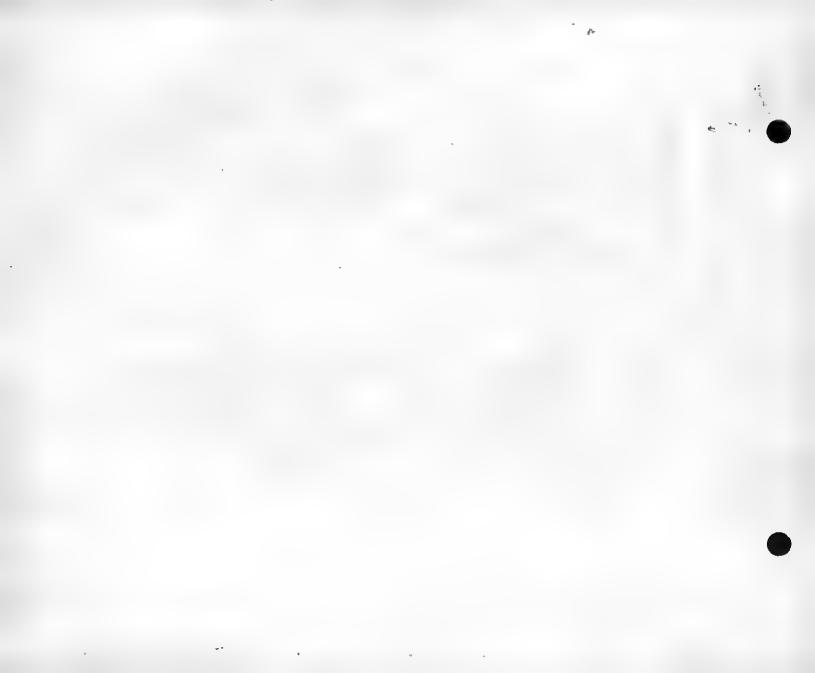
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OR ATTENDING OR ATTENDING THE CTOR: After a 3 should be ded with the Stote		226 SYGNATURE  DEGREE PHYS  DEGREE PHYS  DIRECTOR   STAFF   22c. DATE SIGNED   22c. DATE	2
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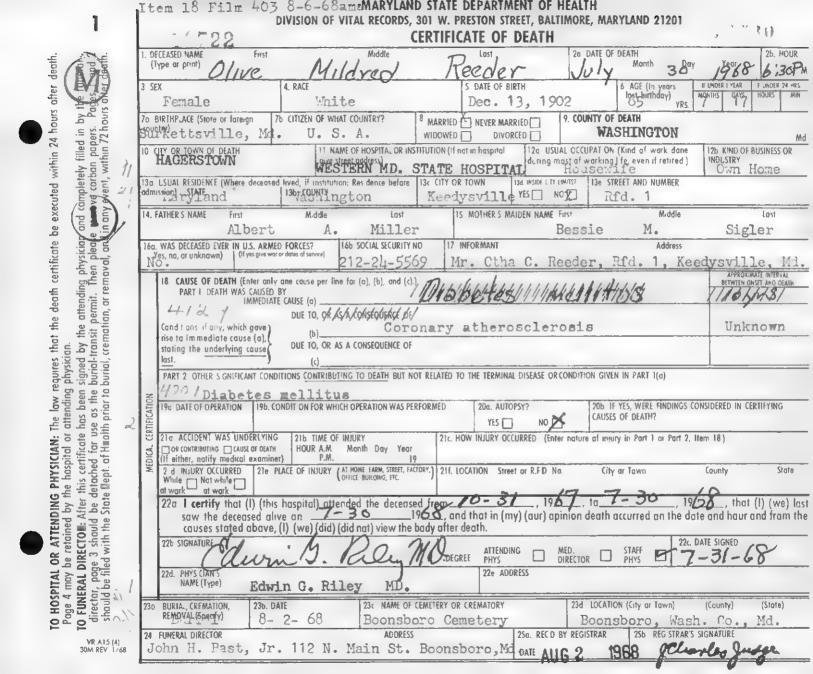


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1072 CERTIFICATE (OF DEATH 1. DECEASED-NAME 20 DATE OF DEATH 2b. HOUR executed within 24 hours ofter death. (Type or print) 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) MDN7HS 1 HOURS icon rack completely filled in by the lease remove carbon papers. Page and in any event, within 72 hours of 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED 🗖 DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 SUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR street oddress during most of working life, even if retired.) INDUSTRY BEERSTOWN SHINGTAN 130 USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Locust Street and a any 14. FATHER'S NAME MAIDEN NAME First Lost requires that the death certificate be 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ottending physici permit. Then pled Yes, no, apupknown) O FUNERAL DIRECTOR: After this mentificate has been signed by the ottending physi director, page 3 should be detached for use as the burial-transit permit. Then pleahould be filed with the State Dept. of Health prior to burial, cremation, or removal. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) BETWEEN DISSET AND DEATH PART 1. DEATH WAS CAUSED BY: Conditions, if any, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/03 Poge 4 may be retained by the haspital or ottending 190 DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [ 21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY, ) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION Street or R.F.D. No. City of Town County Stote While Not while ot work 22a. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last .19 (aur) apinian death accurred an the date and have and from the saw the deceased alive an.... causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNAT. 22c. DATE SIGNED ATTENDING **STAFF** DEGREE DIRECTOR 22e ADDRESS 22d PHYSICIAN'S NAME (Type) REFERSTOW 230. BURIA, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) WASHINGTON COUNTY HOSPITAL HAGERSTOWN, MARYLAND 256 REG STRAR'S SIGNATURE 24-FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH - 0700 and 2 death. 1. PLACE OF DEATH fune 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 a Mary Land b. COUNTY Washington Maryland Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b papers. Page paners. Page hin 72 hours Hagers town Weeks Williamsport d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? within Co. Hospital RFD. NO V YES within letely carbon 3. NAME DE Middle Last DATE Month Day 4. DECEASED DF event, comple (Type or print) Florence DEATH Myrtle Reed มีนาใจ AGE (In years) IF UNDER 1 YEAR HE UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED remove last birthday) Months Davs Hours SILY and Female WIDOWED DIVORCED 899 68 OV 5 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease during most of working life, even if retired) and INDUSTRY COUNTRY? Housewife Washington 五五 70 certificat removal, 13. FATHER'S NAME attending pharmit, Then John Jul v 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit, cramation, or n 16. SDC IAL SECURITY NO. INFORMANT 17. Address (Yes, no, or unkown) | (If yes give war or dates of service) the 18. CAUSE OF DEATH [Enter only one cause/per line for (a). (b) . and that the been signed by the burial-transit or to burial, cram; PART I. DEATH WAS CAUSED BY: physician, IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has 88 101 PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health use PERFORMED? certificate CERTIFICAT ND 203. ACCIDENT WAS UNDERLYING DEATH CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this certain detached for PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1) of Item 18.) CAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. MEO Not While at work While After p.m. at work retained 70 the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the saw the deteased alive on and that death occurred at a M. from the causes and on the date stated above. DATE SIGNED 22b. 22a. ğ page **ATTENDING** M.D. PHYS DIRECTOR PHYS. TO HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d\_ADDRESS director, p should be 1 NAME (Type) BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 0 REMOVAL (Specify) Buria 68 Cedar Lawn Mamori 24. FUNERAL DIRECTO ADDRESS 1968 VR A15 (4) Home Lhompson Funeral







The Miles

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2073i CERTIFICATE OF DEATH DECEASED-NAME First 20. DATE OF DEATH death. be executed within 24 hours after death (Type or print) Month 3. SEX 4. RACE DATE OF BIRTH IF JNDER I YEAR 6. AGE ( n years DAYS last birthday) To BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH DIVORCED TARYLAND 85 HING-TON 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12d USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of warking ife, even if retired ) INDUSTRY ar removal, and in any event, wit NG ERSTOWN 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATES 136. COUNTY Hagerstown YES 🗍 W. Bethel Street 14. FATHER S NAME M. ddle 15 MOTHER'S MAIDEN\_NAME First Lost physician certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT (1 yes give war or dates of service) Yes, no. or anknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o burial, crematian, (onditions, if any, which gove) signed by the burial-transit nse to immediate cause (o). storing the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g). Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 3 should be detached far use as the with the State Dept. af Health priar to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) PM. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram..... \_, 19\_\_\_\_, ta\_ saw the deceased alive an\_\_\_\_ causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED STAFF DIRECTOR PHYS 22d PHYSICIAN S 22e ADDRESS NAME (Type) 230 BURIAK CREMATION 23b DATE 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAE (Specify) WASHINGTON COUNTY HOSPITAL HAGERSTOWN, MARYLAND 2Sb REGISTRAR S SIGNATURE VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2 U & O Z CERTIFICATE OF DEATH 20 DATE OF DEATH 2ь ношк filled in the funeral papers. Poges I and 2 thin 72 hours after death 1. DECEASED NAME First Middle within 24 hours after death Julygnth (Type or print) 1488 Ella NMN Rebinson 4 RACE S DATE OF BIRTH 6 AGE ( n years E JNDER 1 YEAR IF LNDER 24 HRS. 3. SEX lost birthdoy) Negro Feminine 5-3-1908 60 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 8 MARRIED T NEVER MARRIED country) WASHINGTON U.S.A WIDOWED IT DIVORCED [ emoval, and in ony event, within 72 Md 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR during most of wark ng life, even if retired)
Housewife give street oddress)
Wash.County INDUSTRY Home corbon HAGERSTOWN Hospital 13d INSIDE CITY EMITS? 13e STREET AND NUMBER 13o USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN rtificate be executed 423 N. Jonathan Street admission) STATE of D 136 COUNTY City YES DO NO [ Middie 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Della William NMN Ricketts Joseph 16b SOCIAL SECURITY NO. 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If was give war or dates of service) Yes, na, ar unknawn) 453 N. Jonathan 180-26-2236Alfred 18 CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c).)
PART: DEATH WAS CAUSED BY: Auricular Fibrillation and Congestive Heart Fail Ure
IMMEDIATE CAUSE (a) burnal, cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if any, which gove ) 12' daus Acute Coronary Occlusion rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Atherosclerotic Heart Disease and Hypertensive PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) Disease. prior to b Poge 4 may be retained by the hospital or attending Diabetes Mellitus has been os the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19n DATE OF OPERATION CAUSES OF DEATH? NO A YES [ be detoched for use Stote Dept. of Health O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME FARM STREET EACTORS.) 21f. LOCATION Street of R.F.D. No. County State 21d INJURY OCCURRED City or Town While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from Jul 10 , 1908, to Jul 22, 1908, that (I) (we) lost sow the deceased alive on Jul 22 , 1963, and that in (my) (our) opinion death accurred on the date and hour and from the 1968 to Jul 22 19 00 that (1) (we) lost sow the deceased alive on Jul 22 director, page 3 should should be filed with the causes stated above, (1) (we) (dist) (did not) view the bady ofter deoth. 22c DATE SIGNED 22b. SIGNATUKE ATTENDING MED DIRECTOR July 23 1968 PHYS. 22e, ADDRESS 22d. PHYS.C AMS NAME (Type) 100 Prof. Arts Bldg. Hagerstown, Md. William T. Layman, 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 230. BURIAL, CREMATION, REMOVAL (Specify) Fairview Frederick Md 7-25-68 2So. REC'D\_BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 30M REV C.E. Hicks. 111 Frederick. Md





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death.		CEASED-NAME YPE OF PRINTS	CATHER INE	SANBÖWER	20. DATE OF DEATH  JULY Month 26 Day	1968 11A M
Soffer	3 SE	FEMALE	4 RACE WHITE	5. DATE OF BIRTH 2/24/19	6 AGE (In years lost by Fragray) YRS	FUNDER YEAR OF UNDER 24 MRS. MONTHS DAYS HOURS MIN
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be exe	.4 F	ATHER'S NAME AICANA	MAS ON Lost	15 MOTHER'S MAIDEN NAME	JRA BELLE	LAMP
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending. Program and campletely filled in bactor, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Should be filled with the State Dept. of Health priar ta burial, crematian, or, and and in any event, within 72 hour		PART I. DEATH WAS CAUSED IMMEDIATI  Conditions, if any, which gove rise to mimed ate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	ral Hemor Calus ardis	Vorcular Dises	APPROXIMATE INTERVAL BETWEEN ONSE JAMP DEATH
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	1			D STATE DEPARTMENT OF		
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		OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M Month Day Year	ZIC HOW INJURY OCCURRED (EF	iter nature of injury in Port 1 or Port 2, I	liem IB.)
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ם ט		saw the deceased o	his hespital) attended the decease	9.6 T, and that in (my) (aux) a	pinian death accurred an the da	te and havr and from the
			e, (I) (we) (did) (did nat) view the	bady atter death.		
		226. SIGNATURE	- 11 11	ATTENDING ATTENDING	MED. STAFF	DATE SIGNED
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		22d. PHYSICIAN'S NAME (Type)	12 A. 40 F F	22e. ADDRESS 2/4 N.	Pat was at M	lach. Co.
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	04		/17/1968 St. ADDRESS	Andrew Cemetery	Waynesboro, Fr	
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		ERTIFICATE OF DEATH	, , , ,
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and c	FATHER S NAME First Middle Lost	15 MOTHER S MAIDEN NAME First Middle	Lost
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ertificate be physician c en please	o WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO	7144.000	
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AN: The law requires that the death color ar attending physician. Icate has been signed by the attending far use as the bural-transit permit. The Health priar to burial, cremation, ar rem		PART 2 OTHER SIGNIFICANT CONF	DITIONS CONTRIBLTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR	ONDIT ON GIVEN IN PART 1(a)	
ng en sen state	æ	,				
and in the rior	ATIO	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
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by frer be Stat		22a. I certify that (1) (this	s haspital attended the decease	d from, 196	4, to his , 196	, that (I) (we) last
ENE FR. A		saw the deceased ali	(I) (we) (old) (old nat) view the b	ody after death	men death accurred an the dat	e and haur and fram the
Tip of the state o		22b SIGNATURE	(t) the time of		224 D	ATE SIGNED
OR ATTENION DE RETAINED DIRECTOR: A should ed with the		11.00	Assenser.	M SDEGREE PHYS	NEO. STAFF D PHYS	-3-1968
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O HOS O FUN	230	BURIAL, CREMATION, 23b D	ATE 23c. NAME OF C	EMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(Caunty) (State)
2 2 2 7		REMOVAL (Specify) Surial	1/5/68 Rest	daven Cemetery	Kagerstown-Washi	ington-Md.
VR A15 (4)	24	FUNERAL DIRECTOR When.	ADDRESS	250 PES D 8	Y REGISTAGES 25by PHOISTRAR S.S.	IGNATURE
30M REV. 1768	K	est Haven June	ral Chapel Hager	stown Md. DATE		00



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	L	~ 5719			CERTIFICATE OF	DEATH				
를 <u>무</u> 겁을		CEASED NAME First ype or print) NEGRIT		Middle	Last		2a. DATE	OF DEATH Manth	Day Yea	S Aug. 26 HOUR
after death he funeral ges, I and 2		ype or print) Nell	ie	Blanche	Smith			Jüly	2, 19	68 ************************************
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filled pap	10 0	ITY OR TOWN OF DEATH		AME OF HOSPITAL OR INS street address)	STITUTION (If not in haspital	12o USU	AL OCCUPAT	10N (Kind of work de	one 125 KINI id.) INDUSTR	D OF BUSINESS OR
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th certificate be ling physician a Then please remaval, and ir	L	No.		None	Mr. Geo	rge W.	Smilt	h, Rfd. 2		PROXIMATE INTERVA.
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TENDING PHYSICIAN: The law requires that the death certificate be executed within ned by the hasp tal ar attending physician.  DR: After this certificate has been signed by the attending physician and campletely filliauld be detached for use as the burial-transit permit. Then please remove carban positive State Dept. at Health priar ta burial, crematian, or remayal, and in any event, within		1 1 1	Λ.	II NG TO DEATH BUT N	0 -1	-	- (		- Va-	D: .
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S PHYSICIAN: the hasp tal ar this certificate detached far u e Dept. af Healt	MEDICAL	(If either, notify medical examin 21d. INJURY OCCURRED   21e.		AT HOME, FARM STREET, FA	ctory,) 21f LOCATION Stre	et ar R.F.D. No	1.	City or Town	County	State
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VDING d by t After d be e State		saw the deceased at	IVE OF ~ V	9	ly Ce 🥸 . and that in 🗀	ay) (aur) ap	inian dea	th occurred an th	e date and he	aur and from the
OR STATE	ш	causes stated above	(we) (d d)	(ded not) view the	bady after death.					
With With With With With With With With		22b SIGNATURE	(1/1)		ATTEND	ING IQ	MED	STAFF C	22c DATE SIGNED	1100
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hasp'tal ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-trans, should be filled with the State Dept. af Health priar ta burial, crea	230	BURIAL, CREMATION, 23b D	ATF	23r NAME OF	CEMETERY OR CREMATORY			ATION (City or Town)	(County)	(State)
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V-1	24.	FUNERAL DIRECTOR	7. 00	ADDRESS		2Sa. REC'D		R 25b REGISTE	RAR S SIGNATURE	
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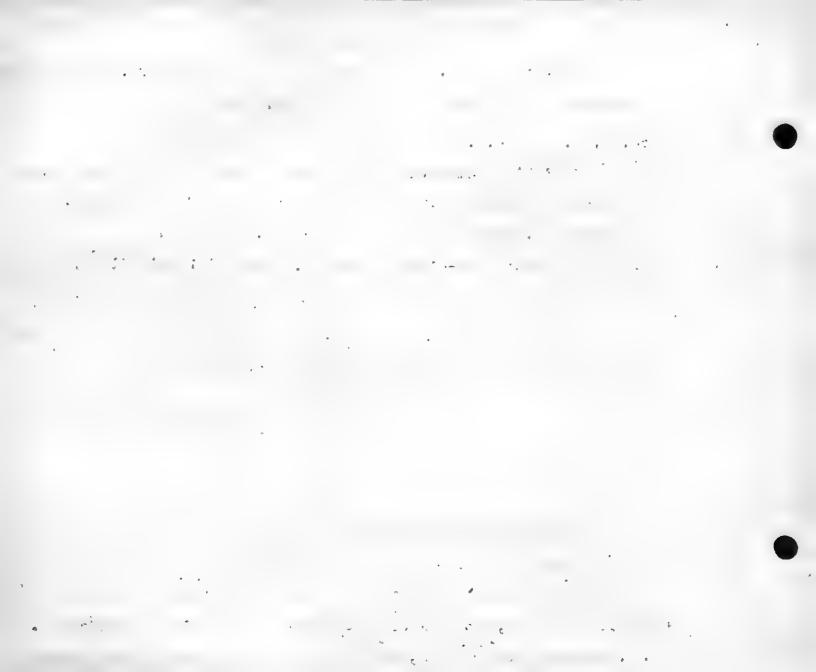


MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. DECEASED NAME Fiest Middle last 20. DATE OF DEATH death. and hours after death uneral (Type or print) Gilbert Nichola Spalding IF JINDER 24 HRS 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR 63 MONTHS OAYS Male January 6, 1905 YRS 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b CTIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington Washington Co. Md WIDOWED [ DIVORCED [ requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 120 USUAL OCCUPATION (Kind of work done 125 K NO OF BUSINESS OR Washington ( during most-of warking life, even if retired ) Hagerstown 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER YES 🎜 S. Cannon Ave M ddle 14 FATHER'S NAME MOTHER'S MAIDEN NAME First M dois gud and in a Nichols doward Spalding 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 NFORMANT Address Yes, no or unknown) bunal, crematian, ar remaval, Spalding 313 S. Cannon Ave. Hagerstown 18. CAUSE OF DEATH (Enter only one cause per/fine for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: signed by the attendir burial-transit permit. Conditions, if any, which gove ) rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(G) has been as the prior to 2Do. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH er this certificate has edetached for use cate Dept of Heaith p YES T for use Page 4 may be retained by the haspital or 21a ACCIDENT WAS UNDERLY NG 216 TIME OF NURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 de Part 2, tem 18.) Month Day Year OR CONTRIBUTING [ ] CAUSE OF CEATH HOUR A.M. P.M. If either, notify medical examiner) State Dept / AT HOME, FARM, STREET, FACTORY, 21d INJURY OCCURRED 21a. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work TENDING TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) alrended the deceased from the deceased of the deceased at the decease þe director, page 3 shauld should be filed with the (did not) view the body after death. causes stated abave. (1) 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR 22e. ADDRESS PHYS CIAN'S NAME (Type) 230 BURIAL, CREMATION, 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Spec fy) 25b REGISTRAR S S GNATURE VR A15 (4) V Ochanlas 30M REV 1/68 Hagerstown Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH DECEASED NAME Eirst 26 HOUR deoth. executed within 24 hours ofter death funeral Tond (Type or print) Mattie E. Stull Jul<sup>M</sup>thth 620 1968 3. SEX 4 RACE 5 DATE OF BIRTH E LINDER 24 HRS 6 AGE ( n years IF JNDER 1 YEAR rostanthouy) Female White April 22.1885 emove corbon papers to any event, within 72 hours 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED : NEVER MARRIED Washington Fred.Co.Md. U.S.A. WIDOWED A D YORCED filled O CTY OR TOWN OF DEATH Williamsport, Md. 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120. USUAL OCCUPAT ON (Kind of work done 125 KIND OF BUSINESS OR give street oddress)
Homewood duning most of working life, even if certiced ) INDUSTRY OW IT Church Home Home completely 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before \$13c City OR TOWN 13d. INSIDE CITY LUMITS? 13e STREET AND NUMBER 13B TOWNT omore. Co 2806 Second Ave. YES 🐷 Baltomore emove 14 FATHER'S NAMI M.ddle tost S. MOTHER'S MAIDEN NAME First ikilan and William H. Holtz Annie E. Angleberger , ond in raquires that the death certificate 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 7 INFORMANT 2750 Va Addresse 217 William sport, Md. Yes, nover unknown) (If yes give wer or datas of service) 218-03-65030 Mark G. Wagner phy == burial, cremation, or removal APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line /o∈ (a), (b), and (c).) BETWEEN CHISET AND DEATH PART 1 DEATH WAS CAUSED BY. IMMED ATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit Canditions, if any, which gave ) r se to immediate couse (a). DUE TO, OR AS A CONSTONENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to has been 4.21/1 CERTIFICATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES 🗀 NO be TO FUNERAL DIRECTOR: After this certificate TO HOSPITAL OR ATTENDING PHYSICIAN: 216 TIME OF INJURY 21t HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 7-15 , 1966, ta 7-25 , 1969, that (I) (we) last saw the deceased alive an 7-25 , and that in (my) (our) apmian death accurred an the date and haur and fram the be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATUR 22c. DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR PHYSICIAN S 22e. ADDRESS be 077720 xxx10 4017. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) 23a BURIAL, CREMATION, (County) (State) Mount Olivet Cometery Frederick Md. Frederick ADDRESS -7 25b. REGISTRAR S S GNATURE 24. FUNERAL DIRECTOR 25o. REC D BY REG STRAR VR A15 (4) 30M REV 1/68 M. R. Etchison & Son Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Middle Lost 1. DECEASED-NAME 2o. DATE OF DEATH aquires that the death rertificate be executed within 24 haurs after death Harry (Type or print) Alvey Vaughn erd Month 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS HOURS Male White Oct.27.1892 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign country) Virginia 8 MARRIED TENEVER MARRIED Washington WIDOWED | DIVORCED [ signed by the attendamphysician and completely filled in burial-transit permyt. Their please remave carbon papers burial, crematian, ar remaval, and in any event, within 72 11, NAME OF HOSPITA, OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH
Hagerstown 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Manor 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY (1McFS? 13b. Washington odmission) Maryland YES 🙀 425Elizabeth St. Hagerstown 14 FATHER S NAME Lost IS MOTHER'S MAIDEN NAME First Middle Last Mary Farmer No Record 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give water dates of service) Mrs. Florence Spigler 65 East Ave. Yes, no, or Milegown) 18. CAUSE OF DEATH (Enter only one couse per line for (c), (b), and (t).)

PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (c)

A cute Coronary Occlusion BETWEEN ONSET AND DEATH 5 minutes DUE TO, OR AS A CONSEQUENCE OF (b) Atherosclerotic Heart Disease with Bundle Branch 1 year nse to immediate couse (a), Block. DUE TO, OR AS A CONSEQUENCE OF certain. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SIVEN IN PART 1(0) Pulmonary Emphysema, Fibrosis, Asthma, Bronchitis, Atherosclerosis Cerebral & Generalized. **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES [ 21o. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. Month Doy Year (If either, not'ty medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town County While Not while of work 220. I certify that (I) (this inspiral) attended the deceased from May 25 \_\_\_\_, 19.68, to July 16 \_, 19.68 , that (I) (we) last saw the deceased alive on July 10 1968, and that in (my) (our) opinion death accurred an the date and hour and from the course stated above, (1) (we) (did) (did net) view the body ofter death. 22c DATE SIGNED ATTENDING July 16 1968. DEGREE 20. ADDRESS 100 Professional Arts Bldg.Hagerstown NAME (Type) William T. Layman, M.D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) 7/18/68 Green Lawn Cemetery Williamsport, Md. Hagerstown, Md ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE Andrew K.Coffman Funeral Home Inc. Ocharles



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20 DATE OF DEATH 2b. HOUR burial-Itansit permit. Then please remavel carbon papers. Pages 1 and 2 burial, cremation, ar remaval, and in any event, within 72 hours after death. requires that the death certificate be executed within 24 hours after death funeral (Type or print) Wilkerson Franklin George 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) MONTHS DAYS HOURS Colored Male Jan 14 1899 7a BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED XNEVER MARRIED = Burkettsvillie Md. USA DIVORCED [ WIDOWED IT Washington and completely filled remove carban pape ID CITY OR TOWN OF DEATH 12a JSUA, OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in nespital 12b KIND OF BUSINESS OR Vashington during most of work no life, even if retired ) INDUSTRY Hagerstown Md Hosp County 13a, USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c OTY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Maryland YES X NO-Hagerstown Jonathan 14. FATHERS NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle Wilkerson Robert Lucy Henderson 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) 4-09-3990 Edna F. Wilkerson 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the shaud be filed with the State Dept. of Health prior ta 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ Page 4 may be retained by the haspital or 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work of work 22a. I certify that (I) (this haspital) attended the deceased from 19 40, to 40, to 40, to 40, that (I) (we) lost saw the deceased alive an 2-/3 1868, and that in (my) (our) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (dish) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** PHYS 22d. PHYSIC AN'S 22e. ADDRESS 77Tad,ULD 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) BURIAL, CREMATION 23b. DATE (County) (State) REMOVAL (Specify) Hagerstown Washington Md Rose Hill Cemeterv FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATUR VR A15 (1)



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THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY N	- cm35	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, B		1 4 3
	A. UV		CERTIFICATE OF DEAT	H	's ()
€ _ <u>2</u> €	1 DECEASED-NAME	First Middle	Last	2a. DATE OF DEATH Month Day	2b HOUR
■ death funeral s 1 and fer death	(Type or print) Raymo	nd Anthoney	William	July Month 12	1968 1255AM
Fer	3. SEX	4. RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR   IF JINDER 24 HRS
rs afte death.  The funeral dees I and 2	Male	Colored	April 7	1913   last birthday)   YRS	MONTHS ONTS PROOFES MIN
व विकारी	70. BIRTHPLACE (Stole or for	eign 7b CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	9. COUNTY OF DEATH	
	Hagerstown	Md USA	WIDOWED D VORCED	Washington	Md
be executed within 24 haurs after death and campletely filled in by the funeral is remave carban gape. Pages 1 and 3 in any event, within 72 haurs after death	10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (if not in hospital 12a	USUAL OCCUPATION (Kind of work done g most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
with with ban with	Hagerstown		n County Hosp.	<u> </u>	INDUSIKI
plet car car	130 USUAL RESIDENCE (Whe	re deceased lived, if institution Residence befo		WA [7]	
tam ave f ev	Maryland	väsnington_	Hagerstown YES X	NO□ 46 W. Bet	hel Street
an purious and an	14 FATHER'S NAME FIRE				Lost
n a din	James R.	William	Katie Po		
certificate g terricular fhen pleas moval, anc	Yes no, or unknown)	If yes give war or dates of service?	TY NO. 17 INFORMANT	Address	
No N	no	21.4-09-	-0078 James Wi	lliam 420 N. Jon	athan St.
	18. CAUSE OF DEATH	(Enter only one couse per use for (a), (b), and	(d).)		BUTTER URSEL AND DEATH
eath andi	PART I DEATH W	IS CAUSED BY. IMMEDIATE CAUSE (0)	niTis		5 day
afte d	441.	DUE TO, OR AS A CONSEQUENCE	of A	71.	. 0/
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equies the physician. signed by burial-trai	rest ,	0 11658	nteric In	HOM 10212	10 2000
requires that the death g physician. signed by the attendif burial-transit permit.	PART 2 OTHER SIGNIFICATION	CANT COND TIONS CONTRIBUTING TO DEATH BUT	1/000	ORCONDITION GIVEN IN PART 1(0)	
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e la	190 DATE OF OPERATION  JUAC 30  210 ACCIDENT WAS A	1/2 44	1 1	20b IF YES, WERE FINDINGS CO	ONSIDERED IN CERHFYING
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OR ATTENDING be retained by it JIRECTOR: After it el 3 should be ded with the State	/sec.Ke	rd 1. Hours	DEGREE PHYS	MED. DIRECTOR PHYS. 1	112/68
AL CAP	Md. PHYSICIAN'S NAME (Type)	2/2-03/11/200	22e-ADDRESS	- 40 -	1 m 0
SPIT 4 m 1ER or, d b	MAGNIC (TYPE)	CHARL V. FAUV	erz tae	ero le with	,1110
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon flashauld be filled with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within,	23a BURIAL, CREMATION,		OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 5 5 W	Burial (Specify)	7-15-1968 Rose		Hagerstown Was	shington Md
VR ALL THE	24 FUNERAL DIRECTOR	ADDR		D BY REGISTRAR 25b REGISTRAR S	SIGNATURE
30M REV 11/68	John KW	sherr In Hayerston	on and DANU	L 16 1968 golian	as mage
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10744 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death. (Type or print) 4:20A RUEY MYRTLE WINKS . Marthe 20 event, within 72 haurs after 5. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF UNDER 24 HRS. IF UNDER I YEAR by the to last behav) HOTIPS February 14,1889 White Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED countryland USA Washington WIDOWED | DIVORCED [ IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR executed within during most of working life, even if retired.) HOUSER remave carban Hagerstewn eunty Hespital completely 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES Y NO Sharpsburg 202 S. Mechanic Street burial, crematian, or remayal, and in any 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Middle Lost De C attending physical Then please r Silas Drenner Jabo Mary Demer erfricate 202 S. Mechanic Street 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na, or unknown) 214-09-3795 Mr. Walter T. Winks Sharpsburg, Marvland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), The law requires that the death PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE signed by the burial-transit p Conditions, if ony, which gove rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) attending this certificate has been be detached far use as the State Dept. af Health priar to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES F NO TT be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from: sow the deceased alive on\_\_\_ 1965 , and that in (my) (our) opinion death occurred on the date and hour and from the directar, page 3 shauld shauld be filed with the couses, stated above, (1), (we) (did) (did, not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS TO HOSPITAL Page 4 may 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) 2 View Cometery Sharpsburg Washington. 24. FUNERAL DIRECTOR Williamsport, Maryland 25g REC'D BY REGISTRAR VR A15 (4) Ochanles Judge DATE.

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